United Nations E/ICEF/2008/22

Economic and Social Council

Distr.: General
29 July 2008

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2008
15-18 September 2008
Item 11 of the provisional agenda*

Thematic funding as a financial instrument in support of the UNICEF medium-term strategic plan**

Summary

This report is a follow-up to the "Report on thematic funding in the context of the medium-term strategic plan", which was discussed at the first regular session of 2006, and is presented to the Executive Board for discussion and comment.

* E/ICEF/2008/16.
** Submission of this document was delayed because of the need for internal consultation.

08-44328 (E) 210808

I. Background

A. Thematic funding: the most efficient option for other resources contributions

1. Thematic funding, a financial instrument to improve funding modalities in UNICEF, was first introduced in 2002 during the period covered by the UNICEF medium-term strategic plan (MTSP) for 2002-2005. Thematic contributions are pooled donor funds categorized as "other resources" and applied by UNICEF to support the achievement of results in focus areas and humanitarian response. Thematic contributions are the best form of financial support to UNICEF, after regular resources, because they support the goals and objectives of the MTSP and allow for longer-term planning and sustainability. This paper describes the strategic value of thematic funding, analyses results achieved, and identifies lessons learned over the past years.

2. The MTSP for 2006-2009 (E/ICEF/2005/11) clearly defined five organizational focus areas in line with the Millennium Declaration and Millennium Development Goals:

(a) Young child survival and development;

(b) Basic education and gender equality;

(c) HIV/AIDS and children;

(d) Child protection from violence, exploitation and abuse;

(e) Policy advocacy and partnership for children's rights.

3. These five focus areas in turn defined the five thematic funding areas currently in use. In 2007, thematic funding for the five focus areas increased by 29 per cent over 2006 levels, from $162 million to $209 million. In that year, 15 per cent of total other resources funding was received by UNICEF as thematic funding. In the same year, $84 million was received in thematic funding for emergencies (humanitarian response). The steady total and proportional increase of thematic funds is an indicator of success, and efforts will be made to further increase these amounts.

B. How thematic funding works

4. Thematic contributions are received at the country, regional and global levels. At the country level, thematic funding from all donors is placed into one pooled fund for the country office to produce results in a focus area, for example focus area 3, HIV/AIDS and children. The funds are used for programming according to the country programme document approved by the Executive Board.

5. While most thematic funding is given at the country or global levels, regional thematic funding can be used strategically for multi-country projects on shared issues. For example, for the period 2005-2007, the region of Central and Eastern Europe and the Commonwealth of Independent States received thematic funds from the Government of Ireland for a regional response to the impact of HIV and AIDS on children and women.

6. Global thematic funds are pooled by focus area and periodically allocated by a high-level internal allocation committee coordinated by the Programme Group. The distribution of global thematic funds follows clearly defined regulations. Criteria for the allocation of global thematic funds in the five MTSP focus areas include the following:

(a) 'Scaling up' programmes with clear measurable objectives;

(b) Prioritizing country programmes that are seriously under-funded;

(c) Building capacity in programmes related to poverty reduction strategies, sector-wide approaches and participation in national development plans;

(d) Linkages to key indicators of organizational targets for each focus area;

(e) Programme management criteria.

7. UNICEF also receives thematic funds for humanitarian response. These funds are used to respond to appeals and fulfil the UNICEF Core Commitments for Children in Emergencies. These contributions afford UNICEF the flexibility to undertake the most strategic actions in an emergency situation. The donor has the option of giving humanitarian-response thematic funding at the country, regional and/or global level.

8. The availability of humanitarian thematic funds makes it possible for UNICEF to respond faster to an emergency situation than it would with other forms of funding, and to allocate resources to various "forgotten" humanitarian crises. The allocation of global thematic funds for humanitarian response is coordinated by the Office of Emergency Programmes. Allocations are made according to the following criteria:

(a) Needs assessments;

(b) Priorities identified in the appeal;

(c) Appeal amount/funded amount/funding gap.

9. Funds are disbursed to the UNICEF country offices after final approval by the Executive Director.

10. Since thematic contributions are received for already-approved country programmes and for the organization's regional and global targets, UNICEF does not need to prepare proposals for presentation to donors.

11. Thematic funding also facilitates reporting to donors: UNICEF prepares one consolidated report per focus area, which reflects progress made in that focus area over the previous year. For humanitarian response, the detailed information on the use of funding is provided by the country for which a Consolidated Appeal or Flash Appeal report has been issued. The financial section of reports shows expenditures on the one focus area at the global, regional or country level. The contribution of each donor is mentioned, but not specifically tracked. The administrative and financial management rules and processes related to thematic funding represent an important achievement towards a more coherent planning and implementation process.

C. The strategic importance of thematic funding

(a) *Thematic funding supports UNICEF to reach the goals and targets of the Millennium Development Goals.*

12. UNICEF highly values thematic contributions because they directly support the goals and objectives of the MTSP, which is aligned with the Millennium Declaration and Millennium Development Goals. At the country level, implementation of the MTSP is harmonized with national plans, goals and targets. Alignment with all these plans, goals and targets makes thematic contributions more sustainable, as they facilitate longer-term planning.

(b) *Thematic funding supports a more flexible response of UNICEF to the changing aid environment.*

13. Traditional other resources, which fund activities of UNICEF at the project level, have not necessarily supported the organization's response to the new demands emerging from the changing aid environment. Thematic funding, by contrast, allows UNICEF to receive contributions for programmes and priorities that generally have wider scope and longer duration. In this way, thematic funds enhance the stability and predictability of other resources contributions and reduce fragmentation of activities. UNICEF also has more flexibility to use thematic funds as needed within a programme area. The framework for thematic funding reflects the tenets of the Paris Declaration on Aid Effectiveness, as well as the principles of Good Humanitarian Donorship, such as country ownership, harmonization, alignment with partner countries' priorities, systems and procedures, and multi-year commitments.

(c) *Thematic funds support the strategic shift of UNICEF from a project approach to a programme approach.*

14. The introduction by UNICEF of the thematic funding framework and of results-based management has allowed the organization to further refine its strategic approaches. Thematic funding supports the strategic shift UNICEF is making from a project approach to a programme approach because this type of funding (a) allows UNICEF to prepare consolidated reports by focus area rather than to prepare donor proposals and expenditure reports for individual projects; (b) provides longer-term flexible funding; and (c) supports longer-term achievement of the goals and targets of the MTSP and related national and international goals. The broad scope of thematic contributions fits well with the programme approach. Thematic funding also allows UNICEF to strategically fill funding gaps when other funds are not available.

(d) *Thematic contributions are first-choice other resources for UNICEF.*

15. UNICEF has enormous strengths — in its staff, processes, knowledge and systems — largely because of its broad base of regular resources. Regular resources (RR) are what make it possible for UNICEF to respond quickly to changing priorities and emergencies, and at the same time to ensure a long-term planning perspective. In recent years, UNICEF has attracted growing levels of total funding, but mainly as a result of an increase in non-core, or other resources (OR), funding. Regular resources are at the core of the mandate of UNICEF because they directly

support the organization's extensive field presence and enable UNICEF to invest in intellectual capital and to build up key organizational knowledge. It is also through such flexible funding that UNICEF can maximize its shift from project to programme and its participation in United Nations coherence efforts in the field, such as joint programmes and funding mechanisms. Unfortunately, the proportion of regular resources to other resources given to UNICEF has gradually decreased — from 61 per cent (RR) to 39 per cent (OR) in 1997 to 37 per cent (RR) to 63 per cent (OR) in 2007.

16. Thematic funding offers an alternative mechanism for supporting MTSP programmatic priorities. Of all other resources funding, thematic contributions are the most attractive and of the highest quality because of their long-term nature and flexibility. In 2007, UNICEF received 15 per cent of total other resources funding as thematic funding. The steady total and proportional increase of thematic funds in relation to other resources funds has been an indicator of success. It is a UNICEF organizational priority to increase the total amount of thematic funding along with its proportion among other resources. Given the importance of having core resources, as noted above, the organization's main priority is to increase contributions to regular resources, raising their proportion of the total. Thematic funding is, however, a very high priority.

(e) *Thematic funding reduces transaction costs.*

17. The reduction in transaction costs for all parties involved has been one of the main benefits of thematic funding. The recovery policy adopted by the Executive Board in 2003 and 2006 (decisions 2003/9 and 2006/7) reconfirmed the lower transaction costs by reducing the recovery level for thematic contributions, from the previous 7 per cent to 5 per cent.

18. Thematic contributions diminish costs in the following ways:

(i) Donor proposals are not required for these funds because the MTSP and country programme documents already specify what UNICEF intends to undertake in the focus area.

(ii) One consolidated report for donors is required per focus area. This frees country offices from spending time and resources on producing additional reports for each donor.

(iii) The extended duration of thematic contributions facilitates staff retention over a longer period, thereby reducing staff recruitment and training costs. With thematic funds, UNICEF can attract and retain high-quality staff by providing a greater measure of job security.

(iv) Flexibility in the allocation of and time span for contributions allows UNICEF and donors to avoid spending additional time and resources that would be required on modifying agreements and on preparing complex expenditure reports. As noted in the 2007 Annual Report of the Executive Director to the Executive Board (E/ICEF/2007/9), the percentage of total UNICEF expenditures on administrative costs is decreasing and more money is being spent on programme implementation in the field. Thematic funding is contributing to this trend of reducing overhead and improving operational effectiveness.

(f) *Thematic funding improves the accountability of UNICEF.*

19. Thematic contributions support the efforts of UNICEF to enhance accountability and transparency, results-based management, and the effectiveness, efficiency and coherence of operations. The current MTSP includes measurable outcomes that provide strategic direction to country offices and key performance indicators across a series of financial, operational and human resource outputs. Since baseline data and indicators exist for each focus area, funding by focus area makes it more possible to measure progress toward goals and key results. The information obtained also supports the shift the organization is making towards working upstream and serving as a knowledge broker and advocate for children. By supporting all these efforts, thematic funds will continue to be of fundamental importance to the work of UNICEF in promoting the rights of children worldwide.

II. Financial support and trends

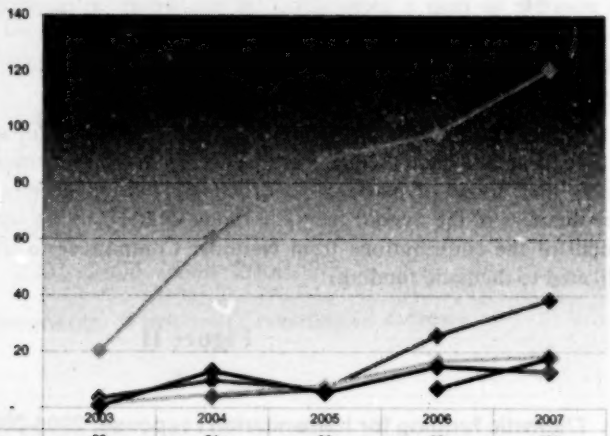
20. Since 2003, when the first thematic funds were received, UNICEF has taken in $604 million for programme focus areas, and $774 million in humanitarian thematic funds. In 2007, thematic funding for the five focus areas increased by 29 per cent over 2006 levels, from $162 million to $209 million. A total of 17 Governments and 28 National Committees for UNICEF have provided thematic funding for the five MTSP focus areas and the humanitarian thematic pool. The public sector contributed 76 per cent of the overall thematic funds in 2007, and National Committees played a crucial role by contributing sizeable amounts to focus area 1, young child survival and development, and focus area 3, HIV/AIDS and children. One of the key performance indicators for the MTSP is the proportion of thematic funding in total other resources funding. The target for 2009, 15 per cent, was already reached in 2007. For the category of "other resources — emergency", this proportion was 16 per cent.

21. The first thematic contribution was received from the Government of Finland in 2003 and has been followed by significant large contributions by the Governments of the Netherlands, Norway, Spain, and Sweden, among others, and by many smaller contributions from a variety of donors, including UNICEF National Committees. Sixty-seven programme countries now benefit from thematic funds that are global and/or country-specific.

22. Figure I provides an overview of thematic funding received for the five focus areas during the five-year period from 2003 to 2007. This breakdown clearly indicates that focus area 2, basic education and gender equality, has received most of the thematic funds, totalling $389 million. In 2007 alone, this focus area received $121 million.

Figure I

Thematic funding by focus area, 2003-2007



	2003	2004	2005	2006	2007
Basic education and gender equality	20	61	89	98	121
Child protection from violence, exploitation and abuse	3.4	9.6	6.8	25.7	38.3
HIV/AIDS and children	1.5	4.7	8.0	16.7	18.4
Integrated early childhood development		3.8	6.5		
Policy advocacy and partnership for children's rights				6.9	17.7
Young child survival and development	1	13	5	15	13

23. Policy advocacy and partnerships for children's rights, which became a focus area of the 2006-2009 MTSP, received $18 million in 2007, up from $7 million in 2006. This increase shows the willingness of the donor community to support the work of UNICEF in policy advocacy and upstream work.

24. Funding for child protection has increased steadily since 2005, reaching $38.3 million in 2007 and $83.8 million in total. Focus area 3, HIV/AIDS and children, has experienced a slow but steady increase over the years, reaching $18.5 million in 2007. Funding for young child survival and development has passed through an atypical process, varying from $13 million in 2004, to $5 million in 2005 and to $15 million in 2006. This is especially notable, as the focus area is the largest programme component of UNICEF, accounting for more than 50 per cent of total programme expenditure.

25. Young child survival and development is a thematic funding category that now combines the two priority areas of integrated early childhood development and immunization-plus from the MTSP for 2002-2005. As part of the life-cycle approach, focus area 1 strengthens the emphasis of UNICEF on very young children and their mothers. UNICEF support in this category includes essential health, nutrition, water and sanitation programmes as well as young child and maternal care

at the family, community, facility and policy levels, and is directly linked to Millennium Development Goals 1, 4, 5, 6 and 7. This focus area has a broad programmatic base, which might make it more challenging for donors to give thematic funding in this category.

26. Figure II, indicating trends in funding for humanitarian response, shows that in 2005, following the 2004 Indian Ocean earthquake and tsunami, contributions from National Committees and Governments were exceptionally high, reaching almost $500 million. Since then, however, humanitarian contributions have declined. It is not possible to map a clear trend for the future in humanitarian thematic funds because of their unpredictable nature linked to crises. Figure II also shows that the contribution from National Committees has been an important part of thematic funding.

27. Figure III indicates that thematic funding for "non-humanitarian" interventions is increasing and that thematic contributions from Governments have risen more steeply than those of National Committees. The governmental sector contributed three quarters of the overall thematic funds in 2007; at the same time, an increasing amount of the contributions from National Committees to other resources (OR) is dedicated to thematic funding.

Figure II

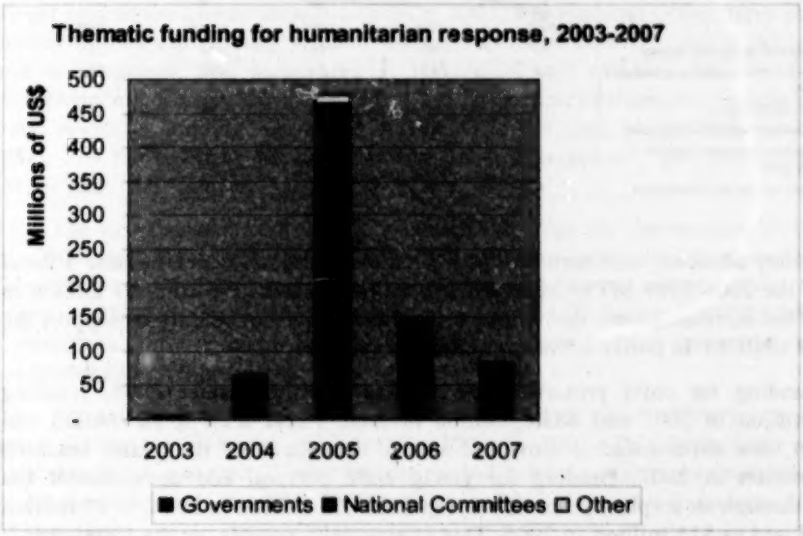
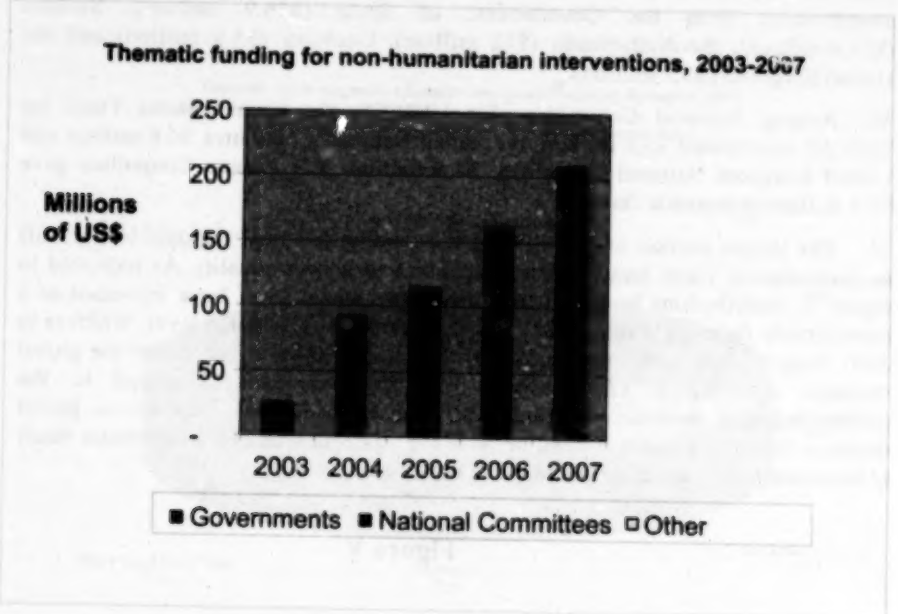
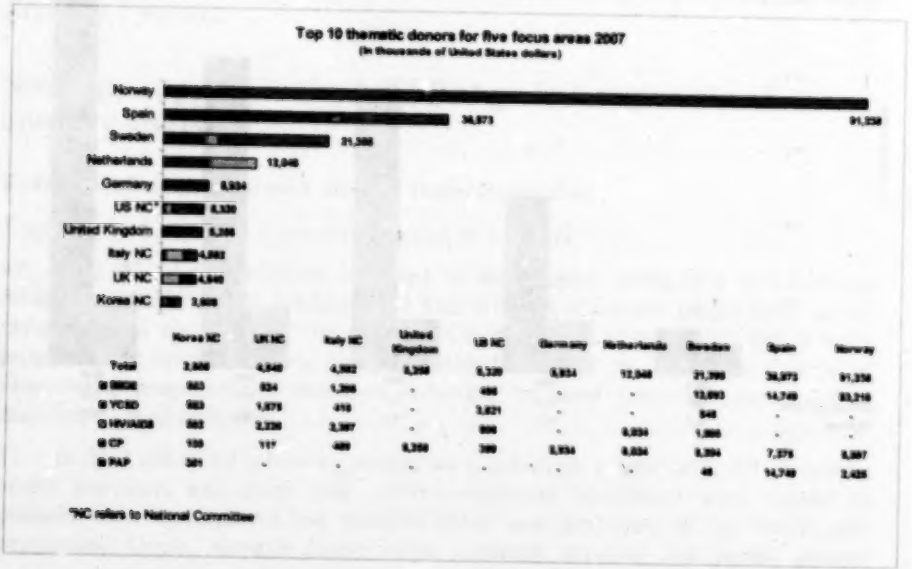


Figure III



28. Figure IV lists the top 10 thematic donors in 2007, the five largest of which are Governments.

Figure IV



29. In 2007, the largest thematic Government contribution, $91.2 million, came from the Government of Norway. This was followed, in descending order, by the contributions from the Governments of Spain ($36.9 million), Sweden ($21.4 million), the Netherlands ($12 million), Germany ($5.9 million) and the United Kingdom ($5.3 million).

30. Among National Committees for UNICEF, the United States Fund for UNICEF contributed $5.3 million, the Italian National Committee $4.6 million and United Kingdom National Committee $4.5 million. The Korean Committee gave $2.6 million in thematic funding.

31. The largest portion of overall thematic funding (country, regional and global) is channelled to focus area 2, basic education and gender equality. As indicated in figure V, contributions to this focus area at the global level have increased at a considerably faster pace than contributions at the country/regional level. Whereas in 2003, both types of funds were at nearly the same level, four years later the global thematic contribution had reached a fourfold increase compared to the country/regional thematic contributions. UNICEF sees this increase in global thematic funds as a positive trend because the strategic value of the thematic funds is increased if they are contributed at the global level.

Figure V

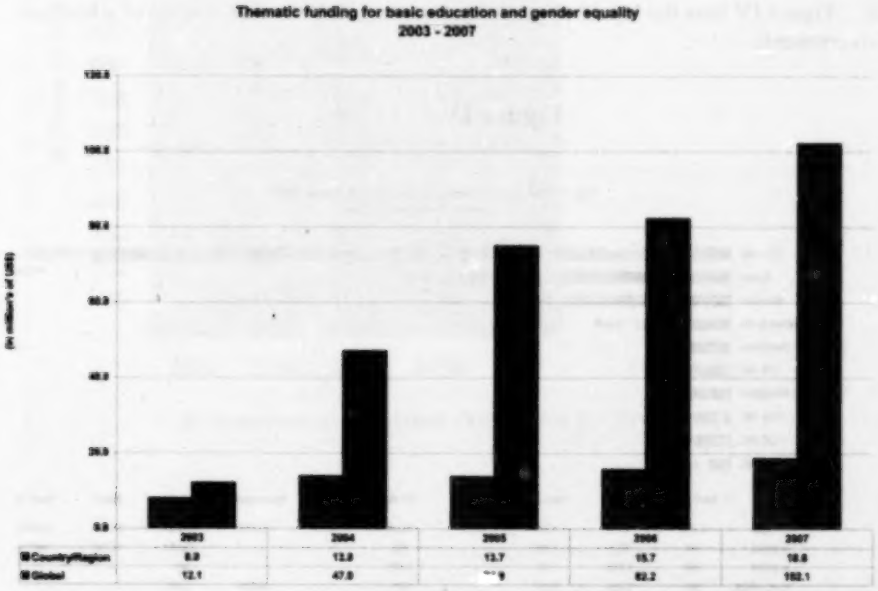
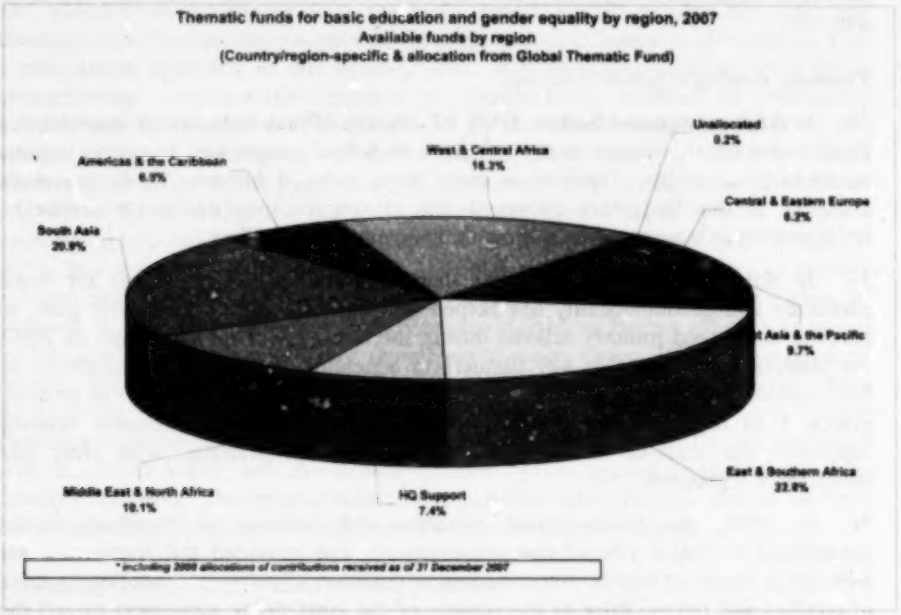


Figure VI



Global thematic funds are allocated by UNICEF to regions and countries according to the aforementioned allocation criteria. Figure VI shows that in 2007 all regions benefited from thematic funds: sub-Saharan Africa received 39 per cent; Asia and the Pacific 30.6 per cent; the Middle East and North Africa 10.1 percent; and Latin America 6.5 per cent.

III. Strategic support to the MTSP at global, regional and country levels

Examples of results achieved through thematic funding

(a) *Thematic funding makes it possible to adapt to local priorities.*

32. In 2007, thematic funds allocated to **Sri Lanka** ($908,687) provided the flexibility needed to fill funding gaps and carryout a holistic programme for all child survival activities in the country. Child and maternal health has a wide programmatic scope; thematic funding enabled UNICEF to respond to a range of interrelated programmatic demands, adapting to local priorities and reducing fragmentation of activities.

33. In Sri Lanka, the following results were achieved: a total of 1,560 peripheral health providers and more than 1,006 community facilitators were trained to promote safe motherhood and positive child care practices, at the family and community levels, through home visits, outreach services and parent groups;

support was given to the Ministry of Healthcare and Nutrition through the procurement of 313,000,000 vitamin A capsules, 5.1 million iron folate supplements, 5.7 million vitamin C tablets and 8 million de-worming medications for 2 million children, 2.8 million adolescents, and 200,000 pregnant women; and an advocacy campaign was put in place to promote maternal and child nutrition in 25 districts.

(b) *Thematic funding supports scale-up.*

34. In **Afghanistan** and **Sudan**, UNICEF country offices were able to respond in a flexible and timely manner to support Back-to-School campaigns, as access became increasingly a reality. Transaction costs were reduced because funds are made available in one budgetary allotment that allows for longer-term commitments, fewer reporting requirements, and assured and adequate staffing.

35. In Afghanistan, the substantial thematic funding ($47 million) for basic education and gender equality has helped millions of children, especially girls, to enrol in and attend primary schools during the Back-to-School campaign. In 2007, the funding contribution of key partners in education facilitated the enrolment of 5.67 million children in grades 1 to 12. Of the 4.67 million children in primary grades 1 to 6, more than 330,000 were new girl students. Thematic funding supported the scale-up of the national education programme, with clear and measurable objectives.

36. In 2006, the Go-to-School initiative ($8 million) in Southern Sudan contributed to major educational achievements and provided the framework for addressing issues of access, retention and completion of primary schooling in areas of conflict and return. Prior to the signing of the 2005 peace agreement to end the civil war in Southern Sudan, it was estimated that only 1 child in 5 was in school, while barely 1 girl in every 100 completed a full course of primary schooling. The signing of the peace agreement, together with high-level commitment to education and the availability of thematic funding at the launch of the Go-to-School initiative in early 2006, helped to double enrolment in a single year.

(c) *Thematic funding encourages strategic investment.*

37. Thematic funds have also provided flexibility for scale-up and leveraging of additional funds in a number of countries. In **Uganda**, when the Global Fund to Fight AIDS, Tuberculosis and Malaria launched its call for Round 8 proposals, UNICEF used thematic funding to support the Government of Uganda in submitting its application. UNICEF recruited temporary technical support to join a national proposal-writing team and ensure that children's issues figured prominently and that care for orphans and vulnerable children, as well as paediatric treatment and prevention, formed part of the overall proposal. If the application proves successful, this relatively small investment will result in a significant increase in funding, leveraging up to $50 million for children and AIDS in Uganda over the next five years.

38. In **Kenya**, a relatively small investment of thematic funding has set the stage for a remarkable outcome. Thanks to available thematic funds, the Kenya cash transfer programme, which began in 2005 with only 500 families, will now reach more than 50,000 households by December 2008. Widely recognized as a leading

example of its kind, the programme is now primarily funded by the Government of Kenya.

(d) *Thematic funding helps to build capacity in new programmes.*

39. Gender-based violence is a relatively new UNICEF programme area, and thematic contributions have supported the strategic shift from a project approach to a programme approach in this specific area. With thematic funding, UNICEF is strengthening programmatic response to gender-based violence in emergency settings and in development programmes. In the **Democratic Republic of the Congo**, projects addressing sexual violence prioritized by UNICEF were implemented in the eastern provinces of Maniema and Orientale, as well as North and South Kivu, where the majority of reported sexual assaults were allegedly perpetrated by soldiers of the armed forces of the Democratic Republic of Congo. In 2007, in cooperation with its partners, UNICEF used thematic funding to provide relevant care to 16,977 survivors of sexual violence, 25 per cent of them children. In addition, 9,226 NGO staff and volunteers were trained on themes relating to sexual violence, and more than 600,000 people were made aware of the issue through forums, debates, street theatre, posters and comic books. A major campaign, 'Stop Raping Our Most Precious Resource: Power to the Women and Girls of the Democratic Republic of Congo', was launched in November 2007, in association with the NGO V-Day and the United Nations Action against Sexual Violence in Conflict initiative. The programmatic approach was strengthened, and all partners involved gained experience in responding to gender-based violence.

(e) *Thematic funding finances innovative approaches.*

40. Thematic funding enables country and regional offices to try cutting-edge approaches and to pursue innovative work. The following three examples from Kazakhstan and Brazil show the shift the organization is making towards an upstream focus in ground-breaking initiatives.

41. In **Kazakhstan**, a UNICEF-sponsored high-level conference sensitized key decision makers about the impact of public expenditures on children, resulting in the inclusion of child-friendly budget principles in the 2007 Declaration of Parliamentarians on Family Policy. The awareness-raising through the conference also led to the adoption of a government results-based management strategy to increase public spending in the health sector to 4 per cent of gross domestic product in 2008.

42. In **Brazil**, thematic funding supports the expansion of the Municipal Seal of Approval initiative, under which participating municipalities commit to achieving targeted results for children in the areas of health, education and protection. This enables municipalities to adopt a more effective policy management and implement public policies and programmes that include the participation of communities, children and adolescents.

(f) *With thematic funding, UNICEF can react faster, spend over a longer period of time and give priority to underfunded programmes.*

43. Flexible funding enhances responsiveness to emerging and unpredictable situations, allowing UNICEF to act quickly and more effectively in crises. UNICEF

is currently responding to emergencies that are chronically underfunded in **Afghanistan, Côte d'Ivoire, Ethiopia, Haiti, Kenya and Kosovo**.

44. Programme priorities need to be flexible and revisable, to better adapt to the changing needs encountered in emergencies. For example, when five strong typhoons struck the **Philippines** in a span of 10 weeks in late 2006, the allocation from the global thematic funds enabled provision of education and childcare supplies for affected children. UNICEF also used a combination of global humanitarian thematic funds, the Central Emergency Response Fund and funds from the Australian Agency for International Development to provide basic household items for nearly 40,000 families in severely affected communities.

45. It is critical that long-term commitments to funding for early recovery are made at the beginning of a crisis, to minimize the gap between emergency response and recovery. For example, thematic funds for the **2004 Indian Ocean earthquake and tsunami** are committed over a five-year period. This has allowed countries to engage in longer-term planning for rebuilding, for addressing pre-existing issues among vulnerable populations, and for reaching host communities or affected populations indirectly affected by the disaster.

C. Challenges and improvements: lessons learned

Enhance knowledge-sharing.

46. At the country level, UNICEF has a strong knowledge base on thematic funding that draws from more than five years of implementation experience. Documentation and future evaluations need to better showcase this information and experience for the benefit of staff and external partners, including public and private donors. Previous documentation on the subject has not been produced in an easily accessible format or circulated widely enough. Since thematic funding is a relatively new area for UNICEF, key to improving its effectiveness is enhancing knowledge sharing among UNICEF headquarters and regional and country offices on how to use this innovative funding modality to optimize results for children. The information should cover the entire process: resource mobilization; allocation of funds; financial administration; expenditure; implementation; and reporting.

Improve the use of thematic funding through further investment in results-based management.

47. The current MTSP includes measurable outcomes that provide strategic direction to country offices and key performance indicators that track the performance of UNICEF against the achievement of the Millennium Development Goals. Thematic funding reinforces this results-based approach by shifting the focus from inputs and outputs to outcomes and sustainable results for children.

Improve analytical results-based reporting.

48. UNICEF is accountable for reporting on the use of thematic funds in the pursuit of agreed results for children. High-quality reporting is essential for all actors: Governments; implementation partners, including United Nations agencies; National Committees for UNICEF; and other donors. Producing timely analytical reports on achievement of MTSP focus area targets is one of the most important

ways for UNICEF to illustrate programmatic impact and progress in achieving the Millennium Development Goals. UNICEF is committed to progressively improving the reporting systems on the thematic funding allocations. The new systems UNICEF uses to generate information will strengthen thematic donor reports and UNICEF accountability for results. The organizational improvement initiatives introduced in late 2007 will further advance results-based reporting by improving and consolidating tools, oversight mechanisms and key indicators for assessing efficiency and results.

United Nations E/ICEF/2008/23

Economic and Social Council

Distr.: General
28 July 2008

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2008
15-18 September 2008
Item 7 of the provisional agenda*

UNICEF Innocenti Research Centre: Progress report on 2006-2008 programme of work and proposal for a one-year extension**

I. Introduction

1. The UNICEF Innocenti Research Centre (IRC) was established in 1988 in Florence, Italy. Since then, it has benefited from the steady support of the Government of Italy, on the basis of an Agreement of Cooperation with UNICEF, subject to renewal every three years.

2. IRC works to strengthen the capacity of UNICEF, partner governments and institutions to respond to the evolving needs of children and to promote a strong global ethic for children. The Centre contributes to the intellectual leadership of UNICEF and supports organization-wide policies and actions for the implementation of the Millennium Agenda and achievement of the Millennium Development Goals.

3. Operating with academic freedom, IRC addresses knowledge gaps and examines emerging issues, thus strengthening the capacity of UNICEF to explore dimensions of its future agenda. It serves as an international knowledge centre for the effective implementation of the Convention on the Rights of the Child in both industrialized and developing countries.

4. With its field-based and cross-regional comparative analysis, IRC informs UNICEF policy formulation; strengthens the role of UNICEF as a global advocate for children's rights; enhances the organization's capacity to conduct research and learn from programme experience; and supports programme development and capacity building.

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5. The IRC 2006-2008 programme is framed by the Centre's mandate and accountabilities, the guidance provided by the IRC International Advisory Committee and the findings and recommendations of the 2004-2005 Evaluation on the IRC, which stressed the critical role of IRC research in informing the advocacy and policy work of UNICEF. The 2006-2008 programme has enhanced the role of IRC in the generation and brokering of knowledge, and strengthened IRC partnerships with organizations and research institutions in the various regions, with an emphasis on developing countries.

6. IRC research is carried out in consultation with other UNICEF offices and in collaboration with academic and policy institutions, as well as United Nations agencies, organizations and centers of expertise concerned with children.

7. The UNICEF medium-term strategic plan (MTSP) 2006-2009 gives prominent attention to the generation, dissemination and use of knowledge, to inform the work of UNICEF and to influence policies and action for children worldwide, and highlights the centrality of the organization's global role as an authoritative and independent voice for children. IRC agenda is closely linked to the UNICEF MTSP focus areas and priorities, in particular focus areas 4 and 5.

8. Within the MTSP framework, research is a key strategy to provide global knowledge leadership for children, to strengthen the voice and credibility of UNICEF, and to enable the organization to convene partners and to help shape the future agenda for children. Research findings provide a strong and evolving evidence base informing policy advocacy and programme development and strengthening the technical and operational effectiveness of interventions crucial to achievements for children in the MTSP focus areas.

9. At its 2008 first regular session, the Executive Board approved the UNICEF biennial support budget for 2008-2009, which increased support to research and established the Office of Research to strengthen synergies with the UNICEF global programme agenda; provide leadership for the UNICEF strategic research agenda; and help disseminate and apply research findings. IRC remains a vital and central part of the organization's research function.

10. **A one-year extension of the IRC 2006-2008 programme is recommended, in order to ensure the alignment of the IRC programme with the UNICEF strategic planning process and the UNICEF biennial support budget for 2010-2011**. During this bridging year, IRC will continue to build upon its mandate and established areas of expertise, informed by the overall goals of its approved programme for 2006-2008 and lessons learnt during the current programme, while also benefiting from guidance provided by the Innocenti International Advisory Committee and consultations with key partners.

Key recommendations from the 2008 Innocenti International Advisory Committee

(a) Preserve IRC academic freedom and distinct agenda. In particular, safeguard the IRC research mandate to address questions of global relevance, to promote cross-regional analysis, with a particular focus on developing countries, to consider children's rights and the process of implementation of the Convention on the Rights of the Child, and to address innovative, emerging and sensitive issues that anticipate

the future research agenda of UNICEF and influence the international policy on children;

(b) Pursue relevant and cutting-edge research, promote the effective dissemination and use of research findings, and assess their impact on policy responses affecting children, in part by gaining statistical evidence and pursuing a multidisciplinary approach;

(c) Consolidate the convening and brokering role of IRC among UNICEF offices and National Committees, academic institutions and development partners;

(d) Continue to strengthen IRC partnerships, particularly with research and policy institutions in developing countries;

(e) Building on IRC experience, expand the research capacity within UNICEF;

(f) Ensure firm, multi-year, predictable and flexible funding for the further development of the IRC research agenda.

II. Reasons for extension of the Innocenti Research Centre programme

11. The UNICEF biennial budget 2008-2009 established financial support to IRC and to the organization's research function as a whole. During 2009, the future direction, focus and details of organizational arrangements for the research function in UNICEF will be further elaborated.

12. Meantime IRC will continue to support the global knowledge leadership of UNICEF for children and its commitment to strengthen research, promote the dissemination and implementation of research findings and improve synergies with the UNICEF global programme and policy advocacy agendas. During this bridging year, IRC will promote the development of further relevant research, particularly on emerging concerns for children.

III. Implementation of the 2006-2008 programme

13. During the 2006-2008 cycle, IRC pursued its work within the overall framework of the four goals of its programme, namely:

(a) Generation and communication of strategic and influential knowledge on issues affecting children and the realization of their rights;

(b) Promotion of the exchange and brokering of knowledge to support reflection, debate and cross-fertilization of experiences;

(c) Support to the advocacy and policy and programme development of UNICEF, within the context of the MTSP and the contribution of UNICEF to the Millennium Agenda;

(d) Securing and strengthening of the Centre's institutional and financial base.

14. The achievement of these goals has been guided by three interrelated strategies:

(a) Evidence-based analysis, drawing on quantitative and qualitative information, the application of appropriate methodologies, and the development of recommendations to assess and inform advocacy and policy action;

(b) Enhanced partnerships with research and policy institutions and development actors, globally and regionally, in developing and industrialized countries;

(c) Communication and leveraging of research findings and recommendations to support policy development and advocacy initiatives through strategic dissemination of studies and contribution to relevant events and fora.

Major achievements and challenges

15. In the implementation of the 2006-2008 programme, IRC work was framed by the guiding principles and focus areas of the MTSP and by the organization's commitment to advancing the implementation of the Millennium Agenda. During this cycle, IRC achieved important results, including the following:

(a) Generating innovative analysis on issues affecting children, including child poverty and child well-being and deprivation, through cross-disciplinary expertise and partnerships, establishing a multidimensional perspective that included the consideration of children's experiences. This approach became a catalyst of further research and policy developments, particularly within Africa and the social inclusion agenda of the European Union (EU);

(b) Communicating knowledge and influencing strategic processes to support the UNICEF mandate and the international agenda on children. Outcomes included contributions to the five-year review of the General Assembly Special Session on Children and the third World Congress on the Sexual Exploitation of Children and Adolescents; promoting of the implementation of international standards, including the Convention on the Rights of the Child and its Protocols, and the new United Nations Convention on the Rights of Persons with Disabilities; further mainstreaming of children's rights, within the context of the Ibero-American Ombudsman Federation (FIO); and through the adoption of the 2007 EU Guidelines on the Promotion and Protection of the Rights of the Child and the 2008 Communication "A Special Place for Children in EU External Action";

(c) Consolidating strategic partnerships to promote children's rights, with a particular emphasis on policy and academic networks and experts in the developing world, including the Childwatch International Research Network, the African Child Policy Forum and the Latin American network of ombuds for children; and to further strengthen collaboration with UNICEF headquarters, its regional and country offices and the National Committees, and with United Nations agencies and research institutions;

(d) Increasing IRC financial resources and diversifying donor funding in support of its research agenda.

16. At the same time, IRC faced a number of challenges: (a) the need to balance its small size and limited capacity with high and growing expectations for its research and knowledge brokering functions; (b) the need to consolidate its established expertise while adding new competencies to seize strategic opportunities and influence the policy agenda in favour of children; (c) the importance of safeguarding a long-term planning horizon for research and partnership development while remaining sensitive to strategic planning requirements; and (d) the need to secure firm, flexible and predictable funding for IRC functions and research programme.

A. Generation and communication of strategic and influential knowledge

17. Knowledge generation has been promoted through data-based analysis and research, addressing three thematic areas: (a) socio-economic policies and child poverty; (b) implementation of international standards on children's rights; and (c) protection of children from violence, abuse and exploitation. Research findings were disseminated and their use promoted in support of the mission of UNICEF and of the international agenda on children. A dissemination strategy was developed with UNICEF Offices, National Committees and strategic partners, and IRC studies were issued in additional languages to widen their use in advocacy, social mobilization and policy debate. At the same time, the IRC website increased its relevance as a tool for research communication; online access to IRC studies expanded by twenty per cent over the past year.

Socio-economic policies and child poverty

18. The research conducted in this area aims to gather statistical evidence and increase understanding of the impact of socio-economic policies on children, including in the areas of child poverty and exclusion, mobilization of resources for children, and migration and children.

19. IRC studies on children in the region of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and in industrialized nations have provided a framework of analysis and contributed to greater conceptual clarity on the situation of children growing up in poverty, while pointing to areas where IRC could play a distinct role in research, data collection and indicator development. The Centre was able to further consolidate its expertise by expanding its data analysis and brokering role within a network of reputed international experts and institutions.

20. Findings confirm that children who grow up in poverty are at a marked and lasting disadvantage. Suffering deprivation they have little access to social services, with profound implications for their survival, health, nutrition and overall development. Poverty has a cumulative impact on the evolving capacities of children, with an increasing likelihood that their future lives will be scarred by educational underachievement, poor health, low employment opportunities and long-term welfare dependence.

21. The *Innocenti Social Monitor*, the annual report of the UNICEF Regional Monitoring Project in Central and Eastern Europe (MONEE), was developed through analysis and discussions with the Bratislava Office of the United Nations Development Programme (UNDP) and the World Bank, as well as a network of

experts on the region. The report, translated into Russian, is used by UNICEF offices in advocacy and policy discussions, including in the formulation of second-generation poverty reduction strategies.

22. The study highlights stark disparities among countries, and within them, revealing overall low levels of public expenditure on health and education in the region, and the concentration of child income poverty among certain groups of children, especially in countries with large child populations: within households with large numbers of children; in rural areas, where people's livelihoods are primarily based on subsistence agriculture and where there is limited access to affordable quality social services; and among ethnic minorities. Child poverty was found to be closely associated with high child mortality rates, and low preschool attendance and access to safe water. The *Social Monitor* called for public sector reforms to ensure children's access to quality basic social services, to support families in their childrearing responsibilities and to improve data on the situation of the most vulnerable groups of children.

Enhancing data and analysis to address children's emerging concerns

To assess the impact on children of socio-economic transition in the CEE/CIS region, the IRC has collected data from national statistical offices since 1992, and carried out research on policy alternatives to ensure the protection of children's rights (MONEE). Following significant political, economic and social changes, new concerns about children have emerged. Data collection efforts have reflected these changes, leading to new indicators and stimulating national statistical offices to seek data on child protection dimensions, such as inter-country adoption and alternatives to the institutionalization of children. Such information has framed research development (*Innocenti Social Monitor* and its associated TransMONEE database) and laid a foundation for evidence-based advocacy policy in the region.

23. The *Innocenti Report Card* has presented an innovative comparative analysis of child well-being in Organization for Economic Cooperation and Development (OECD) countries along six dimensions: material well-being; health and safety; education; peer and family relationships; behaviours and risks; and young people's own subjective sense of well-being. The incorporation of children's concerns and aspirations into the *Report Card* reflects IRC's priority to consider children not simply as an object of analysis but also as participants in research. The study stressed the importance of addressing child deprivation through integrated policies in support of families and children, and making children's immediate environment inclusive and protective.

24. The *Innocenti Report Card* generated significant interest among academic and policy institutions, including the International Society for Child Indicators and the International Policy Conference on Child Poverty in Africa, and within the context of the social inclusion agenda of the European Union. The ongoing research initiative on child well-being in Africa and the recent 2008 report *Child Poverty and Well-being in the EU* are significant illustrations of this process.

25. The report confirmed an overall lack of internationally comparable data on young children. To address this gap, IRC has promoted a research initiative with early childhood experts in governments, academia and international organizations, building on the work of UNICEF in the field, on OECD reports and the OECD Family database, and on data from the World Health Organization (WHO). The research initiative has developed indicators to assess the extent to which young children benefit from current knowledge in neuroscience on critical stages in child development and from evidence on the positive impact of quality early childhood services on performance and behaviour later in childhood. It aims to contribute knowledge that will stimulate national debates on the value of providing an early start in life-long learning and social engagement to every child, particularly among vulnerable groups. It proposes a set of benchmarks on quality early childhood services that are framed by the experience in advanced economies but can be adjusted to middle-income and developing countries.

26. IRC research on the impact of migration on children is tapping into underused data sources on migrant households (census and populations registers) to gain evidence and a deeper understanding of the magnitude and diversity of contexts within which children migrate, either with their families or on their own. Quantitative and qualitative analyses provide stronger visibility to the challenges and opportunities associated with child migration. The research, developed in partnership with a network of academics, highlights the child dimensions of migration and supports national debates on children's social inclusion and development.

Implementation of international standards on children

27. IRC continues to promote research in support of the Millennium Agenda and the MTSP guiding principles and focus areas by, *inter alia*, enhancing awareness and understanding of international standards on children's rights and influencing action to place children's concerns at the top of national and international agendas.

28. **Raising awareness of the Convention on the Rights of the Child** and its two Optional Protocols amongst academic institutions, international organizations, policy makers and development partners remained an important dimension of the programme. Significant initiatives were also promoted regarding the implementation of other international standards on children, including on child protection.

29. The 18th anniversary of the Convention, the five-year review of the Special Session on Children and the current preparations for the World Congress on the Sexual Exploitation of Children and Adolescents provided strategic opportunities to develop studies and advocacy materials, and to participate in high-level policy discussions on the protection of children's rights, including the third Intergovernmental Conference on Making Europe and Central Asia Fit for Children, held in Palencia (Spain) in 2006; the high-level consultation, held in San Rossore (Italy) in 2007; and the meeting of the Global Network of Independent Institutions for Children's Rights, held in New York in December 2007. Numerous international events organized with partners, such as the Committee on the Rights of the Child, the Independent Expert on the United Nations Study on Violence against Children, the Inter-Parliamentary Union, Childwatch International, the African Child Policy Forum and the Council of Europe, further illustrate this process.

30. IRC hosted strategic **study visits** of high-level national delegations and partners on the implementation of the Convention on the Rights of the Child and other international standards on children, including delegations from Azerbaijan, Bulgaria, China, Spain and Sweden. Similarly, IRC was associated with country-level UNICEF initiatives on children's rights to advance legislative and institutional reforms in Central Asia, Latin America and South Asia.

31. The Centre pursued analysis on topics of relevance for the implementation of the Convention on the Rights of the Child, such as "Caring for Children Affected by HIV and AIDS" in support of the MTSP focus area 3; and on "Promoting the Rights of Children with Disabilities" in support of focus area 4, and in support of UNICEF advocacy and policy work on the ratification and implementation of the United Nations Convention on the Rights of Persons with Disabilities.

32. IRC further advanced its research on the **implementation of the general measures of the Convention on the Rights of the Child**, with emphasis on law reform, the development of independent national institutions for children, participation of children in decision-making processes and monitoring progress on implementation.

33. The study *Law Reform and Implementation of the Convention on the Rights of the Child* (see box below) presents an in-depth analysis of legal reforms in 52 countries that have reported at least twice to the Committee on the Rights of the Child. The study captures innovative initiatives, anticipates opportunities for replication and scaling-up, and has been used as a significant reference for national legal reforms, as in South Africa, within the context of the national conference "Getting South Africa ready for the implementation of the Children's Act".

Law Reform and Implementation of the Convention on the Rights of the Child

A strong national legal foundation, guided by the Convention on the Rights of the Child is instrumental to safeguarding children's rights and ensuring that children are protected from violence, abuse and exploitation. The IRC study *Law Reform and Implementation of the Convention on the Rights of the Child* confirms the substantial and often far-reaching legislative changes introduced in all regions, upon ratification of the Convention on the Rights of the Child, including new constitutional provisions, enactment of children's codes and reform of sectoral legislation.

The study acknowledges common areas of focus, as well as prevailing gaps; it recognizes widespread weak enforcement but also identifies national mechanisms set up to oversee and advance implementation; it takes account of the role of ombuds offices in the promotion of law reform and the innovative role of civil society in recommending legislative change, as well as the significant cases of children's participation in legislative developments.

The study underscores the relevance of legislation for all areas that affect children's lives, such as laws establishing a "live birth" definition, making immunization and iodized salt mandatory, ensuring paid parental leave and universal access to health services by children, prohibiting

child maltreatment, requiring minimum training for professionals dealing with children and providing special and nondiscriminatory school support for children belonging to minorities.

The study provides evidence on the measurable impact of law reform in safeguarding children's rights: new legislation on criminal justice system reform has resulted in a drastic reduction in the numbers of children deprived of liberty in Canada and Russia, as well as in Latin America; it has ended the use of whipping as a sanction in thousands of criminal cases involving juveniles in South Africa; has led to a 20-per cent decrease in cases of female genital mutilation/cutting in Egypt; and has visibly boosted the number of households using iodized salt in Nepal.

34. IRC cooperates closely with the **Committee on the Rights of the Child**, which is regularly associated with expert discussions and research initiatives promoted by and with the Centre, including IRC research on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.

35. The work of the Committee provides a significant reference for IRC analysis, including its Concluding Observations and General Comments, as well as the recommendations arising from the Thematic Discussion. This is illustrated by IRC research on the Committee's General Comment No. 5 (General Measures of Implementation the Convention on the Rights of the Child) and the study on law reform and implementation the Convention on the Rights of the Child (see box above), as well as the analysis conducted by the Centre on child poverty and on early childhood education and care. IRC supported the development of the General Comment on article 12 of the Convention on the Rights of the Child, in particular through its analysis on the right to be heard in legal and administrative proceedings.

36. IRC collaborates closely with other **United Nation human rights mechanisms**, including with the Independent Expert on the Question of Human Rights and Extreme Poverty, and within the context of the follow-up to the United Nations Study on Violence against Children. IRC analysis contributes to the Council of Europe programme "Building a Europe for and with Children", and informed the development of *Eliminating Violence against Children*, a handbook for parliamentarians jointly produced by UNICEF and the Inter-Parliamentary Union.

37. The current research on violence against children focuses on developments in law reform and on knowledge gaps and data collection. Efforts are underway to assess strengths and weaknesses of existing measurement instruments and to address challenges concerning the lack of agreed definitions and of disaggregated data by age, gender, settings and study population.

38. Prompted by a lack of systematic data on children within the context of sport, play and violence, IRC initiated research on "the right to play safe", addressing the protection of children involved in school-based, community and elite sport. Preliminary findings note the importance of sport in the lives of children and suggest the need for more robust child protection systems at national, sub-national and community levels to prevent sport-related violence, abuse and exploitation. The study is being used as a reference for the work of the Committee on the Rights of

the Child on sport and play and for the development of guidelines for teachers and sporting coaches in schools and communities.

Protection of children from violence, exploitation and abuse

39. IRC research on the implementation of the Convention on the Rights of the Child and other international standards addresses further strategic dimensions of children's protection from violence, abuse and exploitation.

40. **Child trafficking** remained an essential component of the IRC programme. The incidence of trafficking across regions reaffirms the importance of the global mandate of UNICEF for children, and demonstrates that evidence is necessary to inform advocacy, policy development and social mobilization in support of children's rights. Studies in Africa, South Asia and Europe have helped to describe emerging dimensions of this phenomenon, giving visibility to child protection concerns and supporting policy change.

41. The research in South Asia has been conducted in close collaboration with UNICEF offices, government officials and other partners in the region. Through a comprehensive review of laws and policy responses, it has enhanced understanding of the dynamics and complexities of child trafficking; it has shed light on cross border as well as internal trafficking; and it has promoted increasing opportunities for collaboration and mutual learning.

42. Case studies have helped to mobilize political support to prevent and combat trafficking of children. They have shed light on child exploitation concerns associated with trafficking and challenged the perception that child trafficking is promoted only for the purpose of sexual exploitation. The studies also emphasized the instrumental role of prevention in protecting children and avoiding the risk of "retrafficking"; moreover, prevention promotes social change, shifting from passive acceptance to a genuine sense of empowerment and investment in the protection of children's rights, among which the right to education plays a critical role. The case studies have shown the decisive contribution of community-based efforts in promoting a shared sense of responsibility for child protection from all forms of exploitation, raising awareness of risks, encouraging social mobilization and leading to lasting behaviour change.

43. For UNICEF, the development of this research has generated new opportunities for advocacy, and for an increasingly strategic focus on programmatic interventions, as well as for expanding partnerships with organizations in the region. The initiative reaffirms IRC commitment to research in developing countries and to the replication of methodological approaches and lessons learnt in other regions in support of global advocacy efforts. Moreover, the analysis has been crucial for IRC work on "children and migration", constituting a point of strong convergence of research areas at the Centre.

The World Congress on the Sexual Exploitation of Children and Adolescents

UNICEF is a partner to the third World Congress on the Sexual Exploitation of Children and Adolescents, to be held in Brazil, and the Centre's research and expertise support this process. IRC research on the Convention on the Rights of the Child and its Optional Protocol on the Sale of Children, Child Prostitution and Pornography, law reform, and the exploitation of children through trafficking and in travel and tourism addresses core components of the agenda of the Congress. IRC hosted the first Thematic Expert Consultation, which provided a forum for discussion on the five themes of the Congress and for reflection on further research dimensions. Building on the synergies of United Nations agencies and other partners, the recommendations address commercial sexual exploitation and emerging challenges; legal frameworks and enforcement; education, training and awareness-raising; integrated and cross-sectoral policy; corporate social responsibility; and international cooperation.

44. **The protection of children from armed conflict** remained a focus of IRC research, with attention given to questions concerning crimes committed against children in times of conflict, and the participation of children in transitional justice systems, including truth and reconciliation commissions. This initiative aims to generate knowledge and provide evidence through the review of experiences, good practices and lessons learnt from the involvement of child victims and witnesses in international and national courts and justice-seeking mechanisms.

45. Working with a network of academics and international experts and practitioners, in close cooperation with other UNICEF offices, IRC promotes cross-disciplinary knowledge-sharing and policy debate on the protection of children and adolescents within the context of their participation in post-conflict justice systems, as well as on the development of child-friendly procedures. The initiative informs the development of policy and programme responses by UNICEF and its partners, and has been strategic in assisting UNICEF country offices in their support to Truth and Reconciliation Commissions and in promoting reconciliation, violence prevention and the consolidation of the rule of law. The research has provided a solid basis for IRC contribution to the process of the ten-year review of the Machel Report, and to the cooperation of UNICEF with the Secretary General's Special Representative on Children and Armed Conflict.

46. Building upon this process, IRC supported the development of a child-friendly version of the United Nations Guidelines on Justice in Matters Involving Child Witnesses and Victims of Crime, jointly issued by UNICEF and the United Nations Office on Drugs and Crime, and launched in Vienna in April 2007.

B. Knowledge exchange and brokering

47. In the course of the implementation of the programme, IRC has given emphasis to knowledge exchange and brokering in support of global development discussions and national action to advance the realization of children's rights, and as a contribution to the implementation of the MTSP, particularly in focus areas 4 and 5.

48. By expanding strategic partnerships and leveraging intellectual expertise, IRC has consolidated its internal expertise and cross-disciplinary work, while widening opportunities to support policy discussions at the global, regional and national levels. IRC has gained increasing recognition as a forum bringing together academics, policy makers, field workers and experts on children, marked by a high participation of United Nations partners, including UNDP, the Office of the United Nations High Commissioner for Human Rights, the United Nations Office on Drugs and Crime, the International Labour Organization, WHO, the United Nations University World Institute for Development Economics Research and the United Nations Research Institute for Social Development.

49. IRC organized and promoted expert discussions on children's issues in association with academic networks and research institutions, policy makers, development actors and child rights experts, enhancing the capacity of existing networks and benefiting from partners' expertise. Strategic consultations were conducted on a variety of topics, including the implementation of international standards, with a particular focus on the Convention on the Rights of the Child and its Optional Protocols, on child poverty and well-being, early childhood education and care, child migration, child trafficking, transitional justice and harmful traditional practices. Technical consultations were hosted on household and multi-country thematic surveys, which helped to strengthen IRC's partnerships with other data collection agencies and research institutions.

50. Particular attention was given to the strengthening of partnerships with academics and experts, and policy institutions in developing countries. The collaboration with the Childwatch International Research Network has gradually led to the development of knowledge generation and brokering activities with research networks in developing countries. The Caribbean Research Conference on Child Rights, co-organized with UNICEF Jamaica in October 2007, and the launch of the Lancet Series on Early Child Development with the University of West Indies illustrate this process.

51. IRC has consolidated its partnership with the **African Child Policy Forum**, a pan-African policy advocacy organization. This cooperation opens enhanced avenues to develop research with experts and institutions across the continent, and to improve knowledge on the situation of African children, promote policy advocacy initiatives and strengthen capacity to address children's concerns within the region. Within this partnership, IRC is contributing to two significant processes: a research initiative on child well-being and deprivation in Africa, launched as a follow-up to the 2008 International Policy Conference on the African Child, held in Addis Ababa; and the development of a journal on African child policy.

52. IRC collaboration with the Inter-Parliamentary Union has been further pursued, allowing its data analysis, research and publications to be used in support of parliamentary action for the development of legislative and social policy reforms, and in advocacy initiatives on child protection. IRC research findings and studies

provided a basis for regional seminars for parliaments in South Asia and in the East Asia and the Pacific region, and have contributed to the development of the *Handbook for Parliamentarians on Eliminating Violence against Children*. IRC also supported parliamentarian initiatives at the national level, together with the Indian Parliamentary Forum on Children and the Bureau of Parliamentary Studies and Training.

53. Collaboration with parliamentarians on the protection of children's rights was also strengthened within Europe. In this regard, the partnership with the Parliamentary Assembly of the Council of Europe led to the use of IRC analysis in the development of reports and the promotion of policy action on children and AIDS, children with disabilities, child participation and the protection of children from violence. Similarly, the increasing engagement with the European Parliament has opened avenues to influence policy debates on such topics as children in development cooperation, birth registration, armed conflict and violence against children.

54. IRC has also built important partnerships with **independent human rights institutions for children**, often through their global and regional networks; in 2007, it supported the establishment of a new network in Latin America. As stressed by the Special Session on Children, these institutions play an important role in promoting the implementation of the Convention on the Rights of the Child. Their number has spread across regions, and they constitute a decisive source of data, information and expert advice for IRC research on children, while helping to disseminate and promote the use of IRC research findings.

55. IRC promotion of these institutions is being carried out, in collaboration with UNICEF offices and National Committees, in Latin America and the Caribbean, in Africa, East Asia and the Pacific, Europe and North America. The initiative opens avenues for cross-fertilization of experiences and helps to identify opportunities to influence normative developments and policy making on behalf of children. The research further helps to increase UNICEF capacity in establishing and strengthening these mechanisms and consolidating partnerships for policy advocacy on children's rights.

C. Support to advocacy, policy and programme development of UNICEF

56. Through its research and data analysis IRC has made continuing contributions to the global advocacy, policies and strategies of UNICEF, in cooperation with other parts of the organization. In this respect, it has supported the organization-wide actions for the implementation of the Millennium Agenda, including achievement of the Millennium Development Goals, and contributed to the implementation of the MTSP, particularly focus areas 4 and 5.

57. As noted above, IRC research contributed to the UNICEF role in significant international developments, including the five-year review of the General Assembly Special Session on Children, the follow-up to the United Nations Study on Violence against Children, and the preparations for the World Congress on Sexual Exploitation of Children and Adolescents, to be in Brazil.

58. IRC supported the development of new knowledge and policy advocacy at the global and regional levels in a range of child protection areas. Through expert meetings and participation in global consultations, IRC provided significant background research, technical perspectives and specific inputs for the development of the UNICEF Child Protection Strategy. IRC work on law reform, child trafficking, children with disabilities and transitional justice illustrate this process.

59. The findings of *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*, published as part of the Innocenti Digest series, have contributed to the UNICEF knowledge base, and have been used by IRC to develop greater understanding and awareness of harmful practices and to influence policy reflections for their abandonment. Through its participation in the UNICEF Task Force on Harmful Practices (established by the Executive Director in January 2006) and its close collaboration with the Child Protection Section at UNICEF headquarters and with relevant regional and country offices, as well as its consolidated partnership with leading academic institutions, IRC has supported the elaboration of a programming approach aimed at promoting large-scale social transformation that benefits children and women. IRC is also associated with a UNICEF multi-country study to document and analyze experiences that have been externally evaluated and considered successful in communities abandoning the cultural practices of female genital cutting and child marriage.

60. IRC has contributed to the implementation and review of MTSP focus area 5, in part through its participation in global consultations with a thematic focus. IRC research on issues such as child poverty, children and migration, and resource allocation for children provided support to global work in this area, including consultations organized by UNICEF on social protection and budgeting for children.

61. In cooperation with relevant UNICEF offices, IRC also contributed to the implementation of other MTSP focus areas, collaborating on questions concerning mortality analysis; child accidents and injury in Asia; child nutrition and HIV and AIDS. Moreover, IRC promoted a policy review in the emerging area of climate change impact on children, which was presented at the May 2008 Ministerial Meeting convened by the Greek Chairmanship of the Human Security Network. The Centre provides input to the further development of UNICEF strategies on this issue.

62. Another area of IRC contribution has been the promotion of cross-regional research in support of policy advocacy and capacity building. This has been undertaken in close partnership with UNICEF regional and country offices and through expanded networking with regional policy and research institutions, and has led to significant field-level inputs into IRC research. This collaboration was pursued in South Asia and the CEE/CIS region on child trafficking and sexual exploitation of children; in the CEE/CIS region also on the monitoring of the situation of children in transition countries, as well as on law reform, adoption, juvenile justice and infant mortality measurement; in the African regions on HIV/AIDS, female genital mutilation/cutting and transitional justice; and in all regions on the implementation of the general measures of the Convention on the Rights of the Child to support advocacy, policy debate and reforms at the national level.

63. IRC supported global advocacy in industrialized countries in cooperation with the UNICEF Office on Private Fundraising and Partnerships and the National

Committees. Results included the development of the Innocenti Report Cards on child poverty, child well-being and early childhood education, and initiatives in support of the five-year review of the Special Session on Children, the World Congress on Sexual Exploitation of Children and Adolescents, the implementation of the Convention on the Rights of the Child, follow-up to the United Nations Study on Violence against Children and the protection of children from trafficking, sexual exploitation and armed conflict, as well as the promotion of child-friendly cities.

D. Securing and strengthening the IRC institutional and financial base

64. IRC has pursued its close collaboration with the Istituto degli Innocenti with a particular focus on the development of collaborative research initiatives, through the jointly managed Innocenti Library, whose resources were further expanded to increase its use by scholars worldwide and its visibility within Italy, and in connection with the role of the Istituto degli Innocenti as the secretariat of the European Network of Children's Observatories. Similarly, cooperation was promoted in advocacy and information activities, and in study visits of government and academic delegations.

65. Partnership with the Region of Tuscany has been further consolidated, including through the jointly organized San Rossore meeting (see above) and the preparation of Italian versions of key IRC studies with support by the region. In 2006, the Regional Council of Tuscany presented UNICEF with its highest award in recognition of the commitment of the organization to the cause of children.

66. IRC has also enhanced its cooperation with the Italian National Committee, as well as with Italian non-governmental organizations on advocacy initiatives. The IRC programme benefited from the strong partnership established over the years with Italian Universities, including in Bologna, Florence, Padua, Pisa and Turin, as well as with other United Nations organizations based in Italy.

Funding and staffing

67. In its decision 2005/14, the Executive Board approved the IRC programme 2006-2008 with a ceiling of $17,000,000 for other resources (OR). To date, the programme has received $16,600,000 in OR, which includes support from the Government of Italy for its core activities and for strengthening IRC cooperation with the Istituto degli Innocenti.

68. During this three-year cycle, IRC has significantly broadened and further diversified its donor base, with financial support from the Government of Sweden and other important contributions from the Governments of France, Germany, Greece, Norway, Portugal, Spain and Switzerland, and from the European Commission. Support to specific studies has been provided by National Committees and through cooperation with UNICEF offices.

69. The UNICEF biennial budget 2008-2009 anticipates financial support to IRC and to the research function in UNICEF as a whole. In the 2008 renewal of the Agreement of Cooperation with UNICEF, the Government of Italy pledged to provide a minimum of 5,430,000 Euros to support IRC core capacity and operational costs for the period 2009-2011. The IRC will continue to make

concerted efforts to broaden and further diversify its donor base and secure firm funding through enhanced partnerships with Governments, international organizations, foundations and other donors, as well as with UNICEF National Committees, and by exploring potential new sources of research funding.

70. In the light of the recommended one-year extension of the current IRC programme, it is anticipated that additional OR amounting to $7,000,000 will be needed to ensure that IRC core functions and research activities receive necessary funding in 2009. Therefore, an overall increase of $7,000,000 in the OR ceiling is requested, for a total OR ceiling of $24,000,000 for the period 2006-2009.

71. The IRC structure will remain the same for 2009, organized into three units managing the main areas of IRC research, with key contributions and major cross-cutting support provided by the communication and operations sections. The current overall staffing profile will be maintained while IRC continues to make use of additional expert support and other temporary options to ensure that technical and human resource needs are met.

IV. Draft decision

72. It is *recommended* that the Executive Board adopt the following draft decision:

The Executive Board,

1. *Recalling* its decision 2005/14, authorizing the extension of the programme of the UNICEF Innocenti Research Centre for three years (2006-2008),

2. *Further recalling* its decision 2008/2, approving the UNICEF biennial support budget for 2008-2009 and enhancing support to the research function in UNICEF,

3. *Having reviewed* the progress report on the UNICEF Innocenti Research Centre and the proposed focus of its activities for 2009 (E/ICEF/2008/23),

4. *Welcomes* the framework for further work for 2009, as contained in E/ICEF/2008/23;

5. *Authorizes* the extension of the IRC's programme until the end of 2009 to ensure its alignment with the UNICEF strategic planning process, the programme of work for the Office of Research, and with the UNICEF biennial support budget for 2010-2011;

6. *Further authorizes* an increase in the other resources ceiling of $7 million, for a total other resources ceiling of $24 million for the period 2006-2009;

7. *Invites* all donors to contribute to the Centre's programme activities in order to meet the full cost of expenditures foreseen for the implementation of its programme for 2009.

Annex

Estimated breakdown of expenditures (2006-2009)

	(In thousands of United States dollars)				
	Approved budget as per decision 2005/14			*Additional budget* [a/]	
	2006	***2007***	***2008***	***2009***	***Total***
Programme costs					
Research in current and emerging programme areas, monitoring, policy analysis, expert workshops, networking, research management [b/]	4 000	4 000	4 000	5 000	17 000
Advocacy and communication, publications, documentation and website	600	600	600	810	2 610
Collaboration with *Istituto degli Innocenti*	330	330	340	350	1 350
Subtotal	**4 930**	**4 930**	**4 940**	**6 160**	**20 960**
Operating costs					
Support staff costs	370	375	390	450	1 585
General operating costs (information technology, communications, supplies, maintenance, equipment)	330	360	375	390	1 455
Subtotal	**700**	**735**	**765**	**840**	**3 040**
Total	**5 630**	**5 665**	**5 705**	**7 000**	**24 000**[c/]

Notes

a/ The Government of Italy has pledged 5.430.000 Euros for 2009-2011. The remainder will be sought from other donors, including additional contributions from the Government of Italy.

b/ The posts of IRC Director and Chief of Operations, and their respective travel costs, are funded from the support budget of regular resources, as approved in the UNICEF biennial support budget for 2008-2009.

c/ Less 1 per cent approved rate of recovery of UNICEF incremental operating cost for other resources funded projects.

United Nations E/ICEF/2008/24

Economic and Social Council

Distr.: General
21 July 2008

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2008
15-18 September 2008
Item 8 of the provisional agenda*

Recent meetings of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB): recommendations and decisions of relevance to UNICEF**

Introduction

1. The current report focuses on the implementation of decisions from the 20th and 21st meetings of the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS), held in June and December 2007 respectively, as well as on the plans for follow-up on the decisions of the 22nd PCB meeting, held in April 2008. Issues discussed at these recent PCB meetings that are of relevance to UNICEF included:

(a) The status of implementation of the Global Task Team (GTT) recommendations and follow-up to the GTT independent assessment;

(b) The collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria;

(c) The gender sensitivity of AIDS responses;

(d) The cycle of UNAIDS unified budget and workplan;

(e) The Second Independent Evaluation of UNAIDS;

(f) The process for nomination of the Executive Director of UNAIDS.

* E/ICEF/2008/16.

** Submission of this document was delayed because of the need for internal consultation.

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I. The status of implementation of the Global Task Team (GTT) recommendations and follow-up to the GTT independent assessment

2. In accordance with the UNAIDS Technical Support Division of Labour, the areas of responsibility of UNICEF to support universal access to HIV prevention, treatment, care and support are reflected within the medium-term strategic plan (MTSP) for 2006–2009 and the four programmatic areas of the campaign *Unite for Children, Unite against AIDS*: (a) prevention of mother-to-child transmission (PMTCT); (b) provision of paediatric treatment; (c) prevention of HIV among adolescents; and (d) protection and support for children affected by HIV and AIDS. Across each of the four programmatic areas, UNICEF is working to provide leadership, advocate on behalf of children, meet supply and resource needs, convene stakeholders, track progress and build partnerships at all levels.

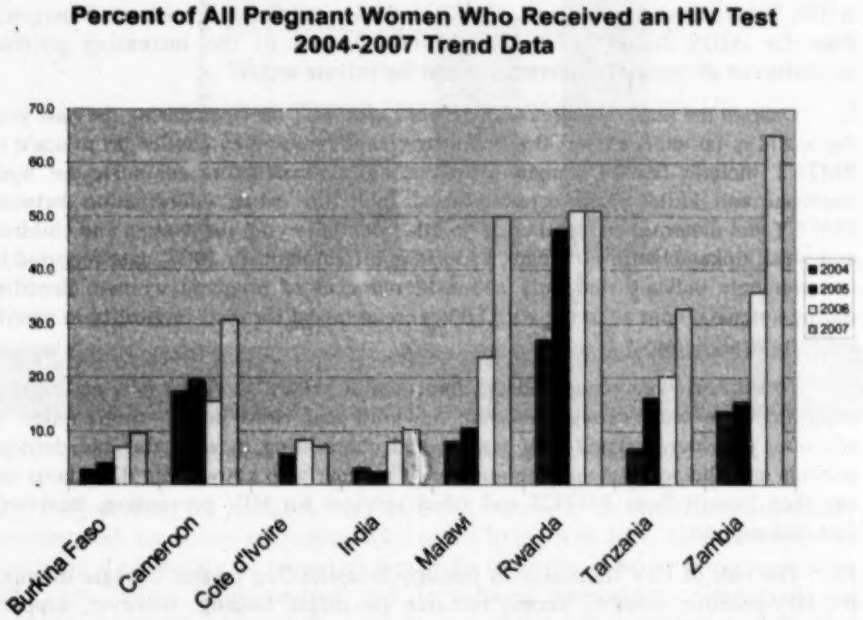
3. In the first half of 2008, UNICEF, UNAIDS and the World Health Organization (WHO) published the *Children and AIDS: Second stocktaking report* (April 2008) and the progress report *Towards Universal Access — Scaling up priority HIV/AIDS interventions in the health sector* (June 2008). For the first time, the 2008 progress report on universal access has a chapter on women and children. This section incorporates data collected by the expanded Inter-Agency Task Team (IATT) on prevention of HIV infection in pregnant women, mothers and their children, to track progress on PMTCT and *paediatric HIV care, support and treatment*. Both reports show encouraging trends, as well as ongoing challenges, in meeting the targets for Millennium Development Goal 6 and the 2010 goal of universal access to HIV prevention, treatment, care and support.

4. Most countries are making substantial progress towards PMTCT. At the end of 2007, an estimated 33 per cent of pregnant women living with HIV received antiretroviral prophylaxis to prevent transmission to their children, a substantial increase from only 10 per cent in 2004. The most significant expansion was in sub-Saharan Africa, which includes 12 countries with the highest number of HIV-positive pregnant women. In 2007, nearly all of the 20 countries with the highest number of pregnant women living with HIV had developed national plans for scaling up PMTCT and HIV treatment, care and support for children. By the end of 2007, 20 countries were on track to reach the United Nations General Assembly target of 80-per cent access by 2010.

5. UNICEF provided support to PMTCT activities in 97 countries in 2007, compared to 90 in 2005. This included technical assistance in policy and planning, communication, training and the dissemination of information on the procurement of drugs and other supplies, as well as the dissemination of the *Guidance on Global Scale-up of the Prevention of Mother-to-Child Transmission of HIV*, adopted at the December 2007 High-Level Global Partners Forum by international stakeholders and representatives from 30 countries implementing PMTCT and paediatric AIDS. One mechanism that has been useful in accelerating country-level efforts is the provision of technical support through the joint technical missions, initiated in 2004 and coordinated by the Inter-Agency Task Team (IATT) on prevention of HIV infection in pregnant women, mothers and their children. Between 2005 and 2007, the IATT conducted 13 joint technical missions across sub-Saharan African and India to review the status of programme implementation, identify bottlenecks and make recommendations on strategic programming in order to accelerate scaling-up.

UNICEF also commissioned a review covering experiences from eight joint missions in Burkina Faso, Cameroon, Côte d'Ivoire, India, Malawi, Rwanda, Tanzania and Zambia. As Figure 1 indicates, most countries surveyed have demonstrated important progress in scaling-up coverage of PMTCT services.

Figure 1
Percentage of pregnant women tested for HIV in seven countries benefiting from IATT Joint Technical Missions in 2004-2007



6. In November 2007, UNICEF and UNITAID,[1] in collaboration with WHO, launched a joint initiative to help scale up national programmes to prevent mother-to-child transmission of HIV. This joint initiative will help accelerate the scaling-up of HIV testing and counselling by health workers in antenatal, maternal and postpartum health services, broaden the provision of antiretroviral therapy to women and their newborns, and increase early access to paediatric HIV treatment for young HIV-infected infants. On an initial basis, eight countries are set to benefit from this initiative: Burkina Faso, Cameroon, Côte d'Ivoire, India, Malawi, Rwanda, Tanzania and Zambia. Under the agreement, UNITAID will fund HIV diagnostics, antiretroviral medicines and antibiotics for patients in the target countries for a period of up to 24 months, for a total amount of $21 million. UNICEF participates as follows:

[1] Launched on 19 September 2006, UNITAID is an international drug purchase facility, which aims to fill a critical gap in the global health financing landscape. Its innovative model of financing seeks to reduce prices of quality drugs and diagnostics and accelerate their availability for people primarily in developing countries. Initiated by Brazil, Chile, France, Norway and the United Kingdom, UNITADS now has 27 member countries, 19 of which are in Africa.

(a) Contribute policy and operational guidance, local capacity building and technical assistance for planning, implementation, monitoring and evaluation;

(b) Use its procurement experience to access high-quality products at the lowest prices;

(c) Provide in-country support for the efforts of Governments to effectively distribute medicines and diagnostics.

7. The progress observed in PMTCT implementation to date owes a great deal to support from a growing number of stakeholders, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the United States President's Emergency Plan for AIDS Relief (PEPFAR), UNITAID, and to the increasing political commitment of national Governments and the private sector.

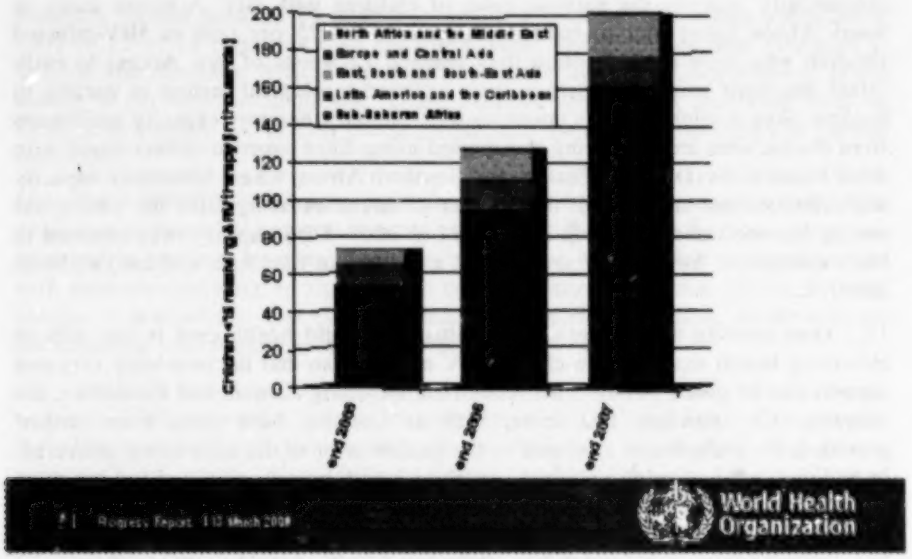
8. Despite the marked increase in access to PMTCT services during the past year, the world is far short of the 80-per-cent coverage target. Key challenges to scale up PMTCT include limited human resources and infrastructure for scale-up; weak maternal and child health-care services, including weak coordination between PMTCT and maternal neonatal child health, poor follow-up for women and children, and weak linkages with HIV care, support and treatment. In 2007, data reported by Governments indicate that only about 12 per cent of pregnant women identified during antenatal care as living with HIV were assessed for their eligibility to receive antiretroviral therapy.

9. To optimize outcomes and the impact of PMTCT services, it is essential to integrate them with strong maternal, newborn and child health programmes. In addition, provider-initiated HIV testing and counselling in antenatal and delivery settings have helped increase the number of women who know their HIV status and can then benefit from PMTCT and other services for HIV prevention, treatment, care and support.

10. The risk of HIV transmission through breastfeeding creates a tragic dilemma for HIV-positive women. Recent research on infant feeding, however, supports exclusive breastfeeding by HIV-infected women for the first six months of their infants' lives, unless replacement feeding is affordable, feasible, acceptable, safe and sustainable.

11. The majority of children living with HIV can be saved by timely administration of paediatric antiretroviral treatment and cotrimoxazole, a low cost antibiotic that has been shown to have a positive impact on HIV-infected children's survival. In low- and middle-income countries, the number of children receiving antiretroviral treatment increased from about 75,000 in 2005 to almost 200,000 in 2007. This represents a 2.6-fold increase between 2005 and 2007 (Figure 2).

Figure 2
Number of children receiving antiretroviral therapy in low- and middle-income countries, 2005-2007



Source: World Health Organization, *Progress Report*, Geneva, 13 March 2008.

12. Programming for paediatric HIV care and treatment has benefited significantly from the push for access to treatment for adults living with HIV. Most countries are expanding the capacity of providers for adults to enable them to provide children with care, using family-centred and team-based approaches. Continued and increasing advocacy, reduced drug prices, use of fixed-dose generic antiretroviral combinations and better forecasting of paediatric drug needs have made it possible for many more countries to access antiretroviral therapy for children. Until recently, access to paediatric antiretroviral treatment was limited by a lack of antiretroviral drugs in formulations appropriate for use of children. In 2007, the United States Food and Drug Administration and the WHO prequalification programme approved a new three-in-one generic antiretroviral drug combination for children. The drugs are now procured by Governments through the UNICEF Supply Division and PEPFAR, but more efforts are needed to get affordable and better paediatric combinations prequalified and registered.

13. Access to HIV diagnosis, antiretroviral treatment and cotrimoxazole among young children is still very low. In 2007, some 77 countries (71 per cent of all reporting low- and middle-income countries) provided data on early testing of infants and young children. Of the 715,000 infants born to women living with HIV in 2007 in these countries, only 8 per cent (54,900) were tested within the first two months of birth. This is due to a variety of constraints, including lack of testing facilities for young children; perceptions of stigma and discrimination among parents and caregivers; lack of specific knowledge of paediatric AIDS amongst health workers; weak delivery capacity and communication; and national

programmes that continue to give inadequate emphasis to the needs of children. The inability of many healthcare systems to track children's HIV status, even when mothers are known to be infected with HIV, is a missed opportunity.

14. Early diagnosis of HIV and treatment within the first few months of life can dramatically improve the survival rates of children with HIV. A recent study in South Africa found that mortality was reduced by 75 per cent in HIV-infected children who were treated before they reached 12 weeks of age. Access to early infant diagnosis using polymerase chain reaction virological testing is starting to become more available, and in countries with limited laboratory capacity, specimens from distant sites are now being transported using filter paper to collect blood with dried blood spots (DBS). In Eastern and Southern Africa, where laboratory capacity and infrastructure are limited, the number of countries using DBS for virological testing has increased from 6 in 2005 to 11 in 2007. DBS capacity was reported in two countries in West and Central Africa, and three in East Asia and the Pacific in 2007.

15. Documenting the mother's HIV status on a child health card is one way of informing health workers of a child's HIV exposure so that the necessary care and support can be given. A number of countries, including Zambia and Zimbabwe, are adopting this approach, and some, such as Lesotho, have gone even further, providing the child health care card to the mother prior to the baby being delivered. In addition, strengthening maternal and child health programmes and linking them to HIV care and treatment programmes will improve the survival of all children, including those living with HIV. Performance measurement and quality improvement systems are tools that can be used to increase the uptake of essential interventions and ensure delivery of a comprehensive package of care that addresses the full breadth of child survival priorities. HIVQUAL[2] is now being adapted for use in health systems around the world. It permits health workers to generate ongoing data about the performance of health facilities so that problems can be identified and remedied quickly and services constantly improved. In collaboration with the United States Centers for Disease Control and Prevention, the Government of Thailand piloted HIVQUAL in 12 hospitals in 2003, which is now the standard method for monitoring quality of HIV care throughout the healthcare system, including paediatric treatment. HIVQUAL has also been implemented in Mozambique, Namibia and Nigeria, as well as in Guyana and Uganda, where it is being piloted for broader paediatric HIV care.

16. The value of antiretroviral drugs procured by UNICEF almost doubled, from $37 million in 2006 to nearly $66 million in 2007. Substantial price decreases have helped to increase the number of treatment packs delivered to over 5 million people in 2007. The value of HIV test kits procured by UNICEF increased from $7.3 million in 2006 to $11 million in 2007. A similar increase took place in HIV/AIDS-related diagnostic equipment, reagents and consumables, which reached over $5 million.

17. Prevention of HIV transmission among young people and adolescents is crucial to reaching the targets set by the United Nations General Assembly special session on HIV/AIDS and the Millennium Development Goals. Comprehensive and

[2] HIVQUAL is a framework for quality management of care to persons living with HIV that was developed in New York State in the United States of America. It has been adopted by a number of countries.

correct knowledge about HIV and AIDS is estimated to have increased by at least 10 per cent among young women in 17 countries and among young men in five countries. The United Nations Secretary-General's 2008 report, 'Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals', indicates that HIV prevalence among young pregnant women aged 15-24 attending antenatal clinics has declined since 2000-2001 in 12 of 15 countries with sufficient data.[3] These include nine countries in Eastern and Southern Africa, the region with the highest HIV-prevalence levels among adults and young people. These declines seem to be consistent with an increase in condom use among young people, and there is some evidence of partner reduction.

18. More than 70 developing countries and territories now mandate life skills education with an HIV-prevention component in national school curricula. However, more works needs to be done to address stigma and discrimination related to HIV, with strategies drawing on rights-based communication for social and behavioural change. It is also clear that efforts to reach adolescents and young people who are not attending school must be strengthened.

19. UNICEF continues to contribute to the expansion of youth-friendly health service (YFHS) networks, notably in countries of Central and Eastern Europe and the Commonwealth of Independent States. Voluntary counselling and testing networks were expanded in African countries, such as Ethiopia, Lesotho, Malawi and Mozambique. The successful 2007 HIV/AIDS campaign for young people in Timor-Leste was based on decentralized planning, peer-to-peer message dissemination, and strong local ownership. However, the establishment and expansion of YFHS within national health systems continues to be a challenge, given the limited capacities in many cases. Youth centres providing information and peer-to-peer counselling on HIV/AIDS were established and supported with UNICEF assistance in many countries, including Burundi, the Occupied Palestinian Territory, the Russian Federation and Uganda, where 34 youth information centres, established over the last five years, are raising awareness on HIV/AIDS, sexually transmitted infections and drug-use prevention. In all regions, UNICEF supported HIV/AIDS awareness-raising campaigns targeting young people through sport activities.

20. In February 2008, the Deputy Executive Directors of the UNAIDS Secretariat and Cosponsors met for the second time to discuss the coordination of HIV interventions targeting young people. They agreed to develop specific time-bound actions, and defined accountability to ensure a more harmonized and coherent joint United Nations response in support of the prevention, treatment and care of HIV among young people. As a result, the Global Inter-Agency Task Team on HIV and Young People was expanded to partners beyond the United Nations, and a more explicit division of labour on young people within the existing UNAIDS Technical Support Division of Labour was developed. In addition, the IATT developed a series of guidance briefs to help the United Nations country teams and United Nations theme groups on AIDS provide guidance to their staff, governments, development partners, civil society and other implementing partners on the specific actions that need to be in place to respond effectively to HIV among young people.

[3] The 12 countries are the Bahamas, Botswana, Burkina Faso, Burundi, Côte d'Ivoire, Kenya, Malawi, Namibia, Rwanda, Swaziland, the United Republic of Tanzania and Zimbabwe.

21. Still, more needs to be done. By the end of 2007, young people aged 15–24 accounted for about 40 per cent of all new HIV infections and 5.4 million young men and women are living with HIV. Only in nine low- and middle-income countries did 50 per cent or more of young people have comprehensive knowledge on HIV and AIDS.

22. Better evidence-based information on the behaviour of young people and adolescents, especially those most at risk, is urgently needed in order to improve and target HIV-prevention efforts. Survey data need to be disaggregated by age and sex, and by marital status when possible. In addition, comprehensive responses to preventing HIV in adolescents and young people need to be promoted, supported and monitored — with the meaningful participation of young people, as part of national HIV frameworks. National and subnational priorities for HIV prevention should also be established according to the different types of epidemics and different vulnerabilities and risks among adolescents and young people. In high-prevalence settings with large populations of adolescents in school, the education sector needs to address HIV prevention — including the risks posed by complex sexual networks (multiple concurrent partnerships and intergenerational sex) — through formal curricula and other means. Young people everywhere need accurate and relevant information about sexual and reproductive health and HIV transmission, as well as opportunities to build risk-reduction skills. They also need access to appropriate HIV-prevention services, including voluntary counselling and testing, harm reduction, sexual and reproductive health services, PMTCT and male circumcision, and to condoms.

23. The estimated number of children affected by AIDS, who have lost one or both parents to AIDS-related infections, grew from about 6 million in 2000 to about 15 million in 2005. At the end of 2007, 24 countries in the world, including 21 in sub-Saharan Africa, had completed specific national plans of action for children affected by AIDS, and 10 countries in the world, including nine in sub-Saharan Africa, had plans in process. Orphans aged 10–14 years who have lost both parents are still less likely to be in school than children living with at least one parent, but the disparity between the two groups has declined in some countries. This decline is due in part to UNICEF-promoted interventions such as the abolition of school fees and the provision of cash transfers as part of a more comprehensive social protection approach.

24. National plans of action for children affected by AIDS were finalized or approved in several countries during 2007, including Burundi, Namibia, Rwanda and the United Republic of Tanzania. In addition, UNICEF continued to promote the availability of information for policy makers and implementation through a wide range of studies, including a national situation analysis on children affected by AIDS in Rwanda; a review of two pilot cash transfer schemes in Malawi and Zambia; an impact assessment of caregiver training in Swaziland; an analysis of the cash transfer system for children affected by AIDS in Ghana; and capacity assessments of non-governmental organization (NGO) service providers. With UNICEF support, national registration systems or databases for children affected by AIDS were strengthened in Botswana, Lesotho, Namibia, Sierra Leone, Swaziland and other countries. UNICEF also continued to assist efforts to strengthen community capacity to provide care and support for children affected by AIDS. In Malawi and South Africa, for example, UNICEF provided assistance to help to institutionalize community child-care centres. In Namibia, Swaziland and

Zimbabwe, UNICEF supported training for a range of care-providing groups, including faith-based organizations and grandmothers' groups.

25. In Zimbabwe, an estimated 400,000 children affected by AIDS will be reached with vital services through a fund totalling $85 million, pooled in from six donor agencies, under the management of UNICEF. The GFATM continues to make available substantial new resources for programmes focusing on children affected by AIDS, while faith-based organizations, such as the Church Alliance for Orphans in Namibia, continue to be important partners in implementation. However, in Uganda, slow progress in implementation of programmes of children affected by AIDS funded by the GFATM threatened further disbursements. The situation is being addressed through a newly established Civil Society Fund and stronger technical support to the Government.

26. Stigma and discrimination against children affected by AIDS continue to be major obstacles and must be addressed in all aspects of the response to the epidemic. In areas of low prevalence and concentrated epidemics, only a small proportion of children are affected by AIDS. But these children and their families are particularly likely to face discrimination, especially where parents are already stigmatized because of their perceived behaviour. Recent research in Bangladesh, India, Nepal and Pakistan shows how HIV-related stigma and discrimination prevent children from receiving basic social services and sometimes lead to long-term institutionalization and denial of parental service.

27. Research on the effects of AIDS in Africa has led to an opinion shift on the meaning of vulnerability in the context of a generalized epidemic. Children affected by AIDS are more likely than other children to fall behind in school, and they tend to live in poorer households. Policy makers are finding that it often makes sense to support AIDS-affected communities by improving services for all vulnerable children — including those who are in poor health, out of school, burdened with excessive labour, extremely poor or stigmatized — regardless of their orphan or HIV status.

28. Laws, policies and services that support families and communities in looking after orphans will greatly improve the well-being of these children. Support for children affected by AIDS should not exclude other equally vulnerable children from accessing essential services; programme beneficiaries should not be identified by orphan status only.

29. The above findings and lessons learned have a number of implications for the work of UNICEF at the country level. Throughout 2008, technical support to country-level processes will remain the top priority within the UNICEF extended cluster approach as well as for established joint mechanisms such as the IATTs. For PMTCT and paediatric HIV treatment, specific focus will be placed on supporting the strengthening of laboratory capacity, roll-out of early infant diagnosis of HIV infection and cotrimoxazole prophylaxis within the context of improved health service delivery systems, as well as promoting greater access to antiretroviral drugs for HIV-positive pregnant women in need. In the area of prevention, UNICEF will support more qualitative research on the determinants of behavioural change among adolescents and young people, and on the social mobilization necessary to support such changes. More efforts are further needed to ensure that adolescents and young people, including those living with HIV, systematically participate in the design, implementation and monitoring of HIV-prevention programmes. In the area of

children affected by AIDS, the focus of UNICEF will be on supporting the finalization and consolidation of studies, reviews and analyses being conducted by various partners and the IATT working groups. The compiled reports will form the basis for the Global Partners Forum discussions scheduled for October 2008. UNICEF regional offices in West and Central Africa, the Eastern Asia and the Pacific, and South Asia have developed strategic plans and frameworks, which — in addition to outlining key investment areas in PMTCT, paediatric care, children affected by HIV and AIDS, as well as adolescent and humanitarian programming — also provide the strategies underpinning the workplan activities. These guiding strategies include: (a) support country offices to leverage opportunities; (b) build national technical capacity; review or develop national documents, such as scale-up plans, policies, procedures and training curricula; (c) scale up coverage; and (d) broker new partnerships.

30. At the heart of all of these strategies is a dual approach: combining our expertise and commitment to decentralised and locally-responsive interventions with an increasingly important role at the national level to support central governments in scaling up. This dual approach recognises the fact that UNICEF is one among many partners in the fight against HIV and AIDS, and with smaller resources by comparison. The most important strength of UNICEF is adding value to the overall national response to the epidemic. It does this best by identifying and leveraging existing opportunities at the national level that can have profound and sustainable impacts within local districts. Working at multiple levels has other advantages. First, it maximizes existing national level opportunities, increasing its cost-effectiveness, thus allowing UNICEF to address multiple issues simultaneously. At the same time, countries choosing to focus on only one or two issues of the four Ps can use the district level to develop expertise and credibility before expanding and scaling up. This balance between working nationally and showing results within districts is a central feature of our future work.

31. The roll-out of the campaign *Unite for Children, Unite against AIDS* during 2006 highlighted the need for UNICEF to increase its own internal capacity to meet the goals of the campaign. UNICEF needs to both increase the number of staff involved and ensure that new staff members have expertise that lends itself to the achievement of the goals, which cut across all of the organization's normal areas of expertise and intervention, but often require a somewhat different focus. Organizational capacity will be required in the future to influence national policies that affect child and adolescent policies in all of the areas addressed by *Unite for Children, Unite against AIDS*. It is also imperative that UNICEF improve its capacity to document promising country-level experiences and communicate this information to countries, potential donors, and others. This step has the potential both to leverage further resources and to improve organizational capacity to influence national policies that affect child and adolescent policies in all of the areas covered by the campaign.

32. There are now 89 countries that have established joint United Nations teams on AIDS, and about 56 of these teams report having developed a joint programme of support. There are differences on the definition of what constitutes a joint programme of support. To better support joint United Nations teams on AIDS, UNAIDS developed and disseminated a second guidance paper on joint programmes in early 2008, clarifying aspects of the first guidance paper that presented challenges in implementation, based on reports from the field. The UNAIDS

Secretariat and Cosponsors also supported the development of a toolkit addressing a wide spectrum of needs of the United Nations system for establishing and activating coordination mechanisms and implementing joint programmes of support on AIDS. The emphasis is on explaining and applying guidance concepts, building skills and encouraging collaboration among United Nations system staff and partners.

33. UNICEF is supporting joint teams on AIDS through technical support at the country level. In East and Southern Africa, technical assistance to joint teams on AIDS is part of the workplan for the regional inter-agency HIV prevention working group. Quality assurance for the prevention component of the joint teams' workplans is an on-going process. The annual workplans are reviewed during the regional advisor's joint or individual missions: progress, constraints and support are discussed and follow-up issues are then flagged. Follow-up technical assistance is also planned with the prevention group of the teams. At the regional level, the interagency prevention group reviews progress made in supporting the joint teams. In India, the Joint United Nations Team on AIDS is contributing to a Joint United Nations Programme of Support to provide technical assistance in the area of strategic planning and capacity building; care and support for women and children; and prevention among young people with high risk behaviour. UNDP, UNICEF and the United Nations Office on Drugs and Crime take a lead role in each of the areas mentioned above and implement them in four north-eastern states, namely, Manipur, Meghalaya, Mizoram and Nagaland.

34. Lessons learned from the Joint United Nations Teams on AIDS underpin the importance to capture the needs of countries in setting up joint teams and to review their progress. Initial guidelines allowed different countries to experiment with different approaches, yet all teams need to take into account minimal requirements. Cosponsors' headquarters should further articulate the roles and responsibilities of the heads of country offices in setting up joint teams, and the respective regional directors' teams could reinforce this message. The development and implementation of Joint Programmes of Support are intrinsically linked to the development and review of national strategic plans, including operational plans, and to the role the United Nations system can play in assisting in the development of technical plans of support at the country level.

II. Strengthened collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria

35. At its 21st meeting, held in June 2007, the UNAIDS Programme Coordinating Board decided to:

(a) Request UNAIDS to work with the Global Fund to Fight AIDS, Tuberculosis and Malaria to revise and update their Memorandum of Understanding;

(b) Redefine and, in light of the changed landscape, update the areas and modalities of their cooperation;

(c) Present the action taken to their respective boards for approval;

(d) Develop a shared follow-up system for the purposes of accountability.

36. The response to AIDS and its institutional arrangements have evolved since the signing of the first Memorandum of Understanding (MoU). The development of

the new MoU is based on an analysis of the current situation and a clear definition of the complementary roles of UNAIDS and GFATM. Key considerations include working in partnerships to enable country-led ownership; the GFATM growth and development of new policies; increased demand for technical support; better understanding of programmatic bottlenecks; and the role of technical partners in grant development, implementation and evaluation.

37. Within the context of the new MoU, UNAIDS and the GFATM are committed to a partnership that will move towards universal access to prevention, treatment, care and support by 2010; empower inclusive national leadership and ownership, harmonize support to national programs and align financial, monitoring and evaluation processes to increase aid-effectiveness, guide and support global advocacy efforts to ensure high-level political support for a comprehensive response to AIDS.

38. A task team, comprising GFATM, the International Labour Organization (ILO), UNDP, the UNAIDS Secretariat, UNFPA, UNICEF, WHO and the World Bank, developed the new MoU, which the 22nd PCB approved in April 2008. Based on mutual accountability, this new MoU serves as a single umbrella strategic framework to guide the partnership. In addition, the UNAIDS Secretariat and relevant Cosponsors will develop, in partnership with the GFATM, follow-up operational arrangements under this framework. Dr. Peter Piot and Prof. Kazatchkine signed the revised MoU at the HIV/AIDS Implementers Meeting in Kampala, Uganda, in June 2008.

39. Country plans for implementing the MoU will be developed jointly with Cosponsors' country offices and in consultation with selected UNAIDS regional and field staff. All stakeholders will undertake joint advocacy for strong political commitment at all levels. Communication between the GFATM, the UNAIDS Secretariat and Cosponsors will be essential. Mechanisms for improved communication at all levels will be defined in future operational agreements.

40. The GFATM will solicit UNAIDS' support in the process of identifying membership and providing input on content and participation when organizing comprehensive technical briefings. Both partners recognize that the Technical Review Panel (TRP) is an independent body and that the technical review process is subject to policies and procedures specified by the GFATM. Individual Cosponsors will invite members of the TRP to technical briefings, in their capacity as experts, wherever possible.

41. UNAIDS is supporting the development of technically sound and fully costed national strategic plans that are the foundation of the national response. These plans are an already established prerequisite for the applications for the current rounds of proposals, and will form the basis of future national strategic applications of GFATM. UNAIDS, with support from UNICEF, will continue to facilitate the development and validation of national strategic plans, based on scientific evidence and human rights.

42. With this opportunity of greater collaboration, UNICEF will support the country coordinating mechanism and GFATM proposal development process, with the aim of supporting the development of more child-focused grant proposals. UNICEF has also had a number of consultations with the GFATM, and both parties agreed to continue the analytical work on several identified building blocks in the

hope of building on good collaborative processes established in previous rounds and to increase the capacity of UNICEF to leverage a substantial portion of the $2 billion available for Round 8. As such, UNICEF identified eight key countries (Belarus, Cambodia, Côte d'Ivoire, Haiti, Nigeria, Uzbekistan, Zambia and Zimbabwe) where it is focusing on intensified technical support to strengthen proposal development on PMTCT and paediatric AIDS treatment. Another building block is to deal with procurement and supply management, particularly on emerging pooled procurement and in-country capacity building. An additional building block focuses on strategic information and the use of data generated from multiple indicator cluster surveys (MICS) for monitoring and evaluation.

III. Gender sensitivity of AIDS responses

43. After presentation of the requested gender assessments and draft policy guidance to address gender issues in June 2007, the PCB stated at its 20th meeting that it:

> "welcomes the findings of the gender assessments and requests UNAIDS to further develop and finalize the draft guidelines in consultation with Governments, donors, the United Nations system, global HIV initiatives, civil society and all relevant stakeholders, focusing on concrete actions to achieving gender equality and equity in national HIV responses."
>
> And:
>
> "requests that the finalized guidelines be presented to the Programme Coordinating Board at its first meeting in 2008 with a costed action plan for their dissemination and implementation at the country level."

44. In the follow-up to these Programme Coordinating Board decisions, UNDP, the UNAIDS Secretariat and the United Nations Development Fund for Women (UNIFEM) led an extensive consultation process to further develop and finalize the draft policy guidance submitted to the Programme Coordinating Board in June 2007. An emphasis was placed on involving the governments and civil society stakeholders from low- and middle-income countries, including national AIDS commission chairs and members, national AIDS programme staff, civil society organizations involved in programme implementation and advocacy, and staff of gender and women's ministries. UNICEF provided technical assistance in developing the draft policy guidance.

45. The purpose of the guidance is to promote increased and improved action on the intersecting issues of AIDS and gender inequality at the country level, emphasizing three cross-cutting key principles: know the epidemic; ensure that responses are evidence-informed; and root strategies, policies and programmes in human rights. The guidance complements existing gender guidelines and tools by emphasizing the process of strengthening action to address gender equality in AIDS responses. It does not attempt to describe in detail how to intervene in specific thematic areas or sectors, as a wide variety of training materials and tools are already available to guide and support specific interventions. This guidance will support ongoing work of UNICEF on gender and HIV/AIDS at the country level.

46. UNDP, UNIFEM and the UNAIDS Secretariat will develop specific tools to assist countries in planning, programming and implementing interventions in the

context of HIV that address women, girls and gender inequality. Cosponsors, including UNICEF, will support UNDP and partners to conduct pilots of the gender guidance in four countries with differing epidemiological profiles. The outcomes of these pilots will inform the development of the above-mentioned tools. In addition, UNICEF will assist UNDP in establishing an expert group on women, girls and gender inequality, comprising also male members. UNAIDS will report back on progress made at the 23rd PCB meeting.

IV. Cycle of UNAIDS unified budget and workplan

47. A two-year UNAIDS unified budget and workplan (UBW) is currently the main instrument used by UNAIDS to coordinate and operationalize priorities for the United Nations system response to AIDS. The evolution of the UBW as a key instrument for joint programming and budgeting, coordination, accountability and fundraising continued throughout the following biennia: 2004-2005, 2006-2007 and 2008-2009. Over time, the UBW has embraced and guided an ever-growing partnership of cosponsoring organizations, introduced new features and budget categories, became more result-based and aligned itself with global priorities and internationally agreed development goals, including those contained in the Millennium Declaration and the Declaration of Commitment on HIV/AIDS. The UBW is an instrument to boost implementation of harmonized agendas (Global Task Team on Improving AIDS Coordination and UNAIDS Division of Labour) and is considered a good example of United Nations reform in practice. It is a unique and continuously evolving programming and budgeting platform that brings together multiple United Nations entities.

48. To achieve Millennium Development Goal 6 on stopping and reversing the spread of AIDS, the response to the global pandemic requires a long-term approach, with sustained commitment and predictable funding to ensure the most effective AIDS response possible. The long-term approach must be based on an evidence-informed analysis of the epidemic and the response to it, effective synergistic partnerships within UNAIDS as well as between UNAIDS and other key stakeholders in the response, and on strengthened governance and management of UNAIDS. This approach must also promote and nurture a greater sense of ownership and commitment by all stakeholders by providing a longer-term framework for action, with greater understanding of the impact of the response. The case for moving from a two-year to a four-year planning framework is built on the following considerations:

(a) Longer-term planning for the response;

(b) Multi-year funding commitments to support long-term planning;

(c) Greater coherence with Cosponsors' planning and budgeting cycles;

(d) Reduced transaction costs associated with a two-year planning and budget cycle;

(e) Greater focus on implementation and monitoring of results at the country level.

49. At its 22nd meeting, the PCB endorsed the development of the next UBW, based on a review and extension of the UNAIDS 2007-2010 Strategic Framework to

2011, and confirmed a four-year planning framework and a two-year budget cycle for the UBW. At the 23rd PCB meeting, the Board will consider the revised strategic framework to guide the development of UBW 2010-2011 and also the establishment of a PCB subcommittee on planning and performance monitoring. In June 2009, the 24th PCB will consider approval of the UBW 2010-2011.

V. Second independent evaluation of UNAIDS

50. In December 2007, the 22nd PCB agreed to conduct the Second Independent Evaluation of UNAIDS to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and Cosponsors) at the global, regional and country levels. However, in early 2008, the PCB Bureau decided to suspend the evaluation process in line with the Legal Counsel's advice. Based on the modus operandi of the Programme Coordinating Board, the Bureau's Terms of Reference and the mandate given to it by the 21st Board decision, the Legal Counsel questioned the Bureau's authority on actions taken with regard to the composition of the Oversight Committee of the Second Independent Evaluation of UNAIDS. This Oversight Committee will be tasked with reviewing the evaluation of the work of the UNAIDS family, including the Cosponsors.

51. At the 22nd PCB, the Board agreed that the Cosponsors should have a liaison official who would work with, but not be a member of, the Oversight Committee. The Oversight Committee has ten independent members representing a cross-section of UNAIDS stakeholders. Cosponsors recommended UNFPA to take up the cosponsor liaison role on the committee.

52. The draft report of the Second Independent Evaluation will be presented to the PCB at its 24th meeting in June 2009.

VI. The process for nomination of the Executive Director of UNAIDS

53. At its 22nd meeting, the PCB agreed to create a search committee to oversee the process of nomination of the new Executive Director for UNAIDS. The composition of the search committee includes six member states, two NGOs and four cosponsors (ILO, UNHCR, UNICEF and WHO). Its terms of reference are as follows:

(a) Ensure that the process for submitting nominations and individual applications is duly adhered to;

(b) Encourage and welcome candidates from regions from which an Executive Director of UNAIDS has not yet been appointed;

(c) Develop a scoring tool to evaluate candidates;

(d) Conduct initial interviews to screen candidates and evaluate them against the core competencies and submit qualified candidates in order of preference to the Committee of Cosponsoring Organizations (CCO);

(e) Submit to the chair of the CCO the outcomes of the nomination process in its entirety, including the shortlist of candidates, a report of the process, and a full list of all candidates considered.

54. In the fall of 2008, the CCO — which may also meet in closed session — will consider the list of nominations and interview shortlisted candidates. The chair of the search committee will participate as an observer in the CCO interview and nomination process, and report back to the PCB at its 23rd meeting on the process followed. Finally, the CCO will send a formal nomination to the United Nations Secretary-General.

United Nations E/ICEF/2008/25

Economic and Social Council

Distr.: General
17 July 2008

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2008
15-18 September 2008
Item 4 of the provisional agenda*

Extension of the medium-term strategic plan (MTSP) 2006-2009 until the end of 2011: background note

Summary

This report has been prepared in order to provide background for the extension of the current UNICEF medium-term strategic plan (MTSP) 2006-2009 by two years, until the end of 2011, as proposed in the draft decision contained in the document E/ICEF/2008/18.

The proposed extension would allow the MTSP cycle to be harmonized with the cycles of the strategic plans of the United Nations Development Programme (UNDP) and the United Nations Population Programme (UNFPA), and would bring the following MTSP (for 2012-2015) in line with the 2015 deadline for the achievement of the Millennium Development Goals.

1. The current UNICEF medium-term strategic plan (MTSP) was approved by the Executive Board in September 2005 for the period 2006-2009. It positions UNICEF to contribute to the Millennium Development Goals and other key commitments for children through a set of medium- and longer-term key results, detailed in its Results Matrix.

2. The MTSP is at present undergoing a midterm review. The findings and outcomes of the review are presented to the Executive Board at its 2008 second regular session in document [E/ICEF/2008/19]. This midterm review follows the approval by the Executive Board of the biennial support budget for 2008-2009 at its first regular session of 2008.

* E/ICEF/2008/16.

08-42791 (E) 040808

3. The Secretariat is proposing the extension of the current MTSP so that it would run to the end of 2011 instead of the end of 2009. This would have several clear advantages:

(a) It would enable even greater alignment of the MTSP with the Millennium Development Goals and the Millennium Declaration, and other development goals, and bring the MTSP cycles into full alignment with the target date of 2015 for the Millennium Development Goals. (Following an extension of the current Plan until 2011, a subsequent MTSP would cover the period 2012-2015.)

(b) It would harmonize the UNICEF MTSP cycle with that of UNDP and UNFPA, whose strategic planning cycles run from 2008 to 2011. This harmonization of agency cycles is in line with the provisions of the new Triennial Comprehensive Policy Review (TCPR).

(c) It would enable UNICEF to continue to instil a sense of urgency with regard to collaboration and partnerships for the Millennium Development Goals and other national and international commitments, rather than having to move immediately after the midterm review of the current Plan to a further major planning exercise for a new MTSP.

(d) It would allow the Secretariat and the Executive Board to make full use of the in-depth analysis and findings of the current midterm review. These will enable UNICEF to make strategic adjustments to the MTSP and its Results Matrix, which will retain their validity for a further three-year period, rather than providing benefits only for the one remaining year of the Plan.

(e) It would allow UNICEF to devote more time and effort to strengthening the definition of functions and performance indicators for the next biennial support budget (2010-2011), which will be presented to the Executive Board in September 2009.

4. UNICEF would undertake in the last quarter of 2010 an in-depth end-of-cycle review of the full extended MTSP, which would inform the preparation of the new MTSP for 2012-2015.

Annex

Timeline for MTSP 2012-2015